V. S. No. 1

ż

# PHYSICIANS should state CORD. Every item of inforof OCCUPA. See instructions on back of certificate. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(93-e)
County Washington	Registration Dist. No. 3/6
Village or City Pledysvelle	No. St., Ward
7	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellanora Jusan	Milhory.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The Divorced (write the word)	193 6
Fa Is married without a discount	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. / I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	July 1 1935 to Jan 5 1936
6. DATE OF BIRTH (month, day, and year) July 30 - 1864	Clast saw h. E. R. alive on Jan 4. 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 936Am.
7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
7	were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	f//yocardiles.
kind of work done, as SPINNER.  Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and control of this occupation).	angero Dellisses e nigel
work was done, as SILK MILL, SAW MILL, BANK, etc	terlaion
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1936 spent in this 35	
Penan.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME TEV. July Chillesing.	
14. BIRTHPLACE (city or town)	Name of operation. None. Oate of
(State of County)	What test confirmed diagnosis? Causeal Was there an autopsy?
15. MAIOEN NAME Salina Klieht.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
State or country)	Where did injury occur?
17 INFORMANT Grace L. Leure.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Garett Park med.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / seedyseelle Cem Date / 1936	Nature of injury
Court 7. 0/6	7.
19. UNDERTAKER DUCA Juneal To	24. Was disease or injury in any way related to occupation of deceased?
(Address) Redenick Mel.	If so, specify
20. FILED an. 7", 1936 IN Heeting	(Signed) M. D.
Registrat.	(Address) 10000 mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cetton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

. Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis EER	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	uly 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

1. PLACE OF DEATH	(3)	
County I bearing ton	Registration Dist. No. 3	16
Village or City hear Kerdysully	NoSt.	,Ward
Length of residence in city or town where death occurred 37 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street  ds. How long in U.S. if of foreign birth?	
0.000	71 P	
2. FULL NAME Deorge Cliwood	unig	
(a) Residence: No. (Usuai place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	,
OR DIVORCED (write the word)	(Month) (Pay)	, 193 <u>6</u> (Year)
ia. If merried, widowed, or divorced HUSBAND of		(1041)
(or) WIFE of Semesthe ather	22. I HEREBY CERTIFY, That I etter	ided deceased fro
a un ortiose	last saw h.lm elive on Jan 25	35; death is sa
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 71.30 P.m.	geath is sa
77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Tindustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Acute medicalia	
9. Industry or business in which work was done, as SILK MILL,	1 Just y regulation	
SAW MILL, BANK, etc.	superimposed on duonice	
this occupation (month and spent in this	neplutis.	
0 151.11.11	Other Contributory Causes of importance:	
(State or country)	Chroni muocadilis	193
13, NAME James D. ather	Curus wystracus	110
	Name of operation Date	
14. BIRTHPLACE (city or town)	Whet test confirmed diagnosis? Was there	of
15. MAIDEN NAME TO ALLA CLOTTERA	23. If death was due to external causes (VIOLENCE) fill in also the folk	
15. MAIDEN NAME Matelda Chrodward  16. BIRTHPLACE (city or town) Charlestone  (State or country)	Accident, suicide, or homicide? Date of Injury	
(State or country)	Where did injury occur?	
17. INFORMANT Herbert ather	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIS	I State) C PLACE.
(Address) Keeder He And	•	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Leadysulle Date Day 29,1936	Nature of Injury	
19. UNDERTAKER OF A. ROLL & SON	24. Was disease or injury in any way related to occupation of deceased	, ho
(Address) Bouston md.	If so, specify	
20. FILED Jan 28,1936. BARLeting	(Signed) V. W. New ayr	N
Registrar.	(Address) Boundo	28.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A REPEAU V. S.			444
The second state of the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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of infor-OCCUPAplnods item Jo statement PHYSICIAN Exact PERMANENT properly -THIS may that plain terms, carefully

BINDING

FOR

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back instructions important. DEATH OF CAUSE mation

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Washington County\_\_\_\_ Registration Dist. No. Hagerstown No.410 Freemont Street (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 20 yrs.\_\_\_\_\_mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. 2. FULL NAME Mary Ann Barker (a) Residence: No. 410 Freemont Street (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White 11dow 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Charles Barker (or) WIFE of Feby. 15, 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs if LESS than 1 day, ..... hrs. 10 23 The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Oate of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Home Work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and 12. BIRTHPLACE (city or town) Morgan (State or country) Henry Dolan FATHER 13. NAME Name of operation. (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ HER 15. MAIOEN NAME 23. If death was due to external causes (VIDL ENCE) fill In also the following: MOT Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_, 19\_\_ 16. BIRTHPLACE (city or town) .... (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Hagerstown 18. BURIAL, CREMATION, OR REMDVAL Manner of injury Place Hagerstown, Md.Oate Jan. 8, 1936. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? Fred W. Kraiss. 19. UNDERTAKER \_\_\_\_ (Address) if so, specify (Signed)

Registrar.

(Address)

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
A.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIA	N

OT			
STATE OF	MARYL	AND—CERTIFICATE	OF DEATH

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1. PLACE OF DEATH			
County Washington		Registration Dist. No.	32
Village or City Hagerstown		No. Wash. County Hosp.	3 Ward
Length of residence In city or town where death	occurred 9 yrs. 9mo	If death occurred in a horpital or institution, give its NAME instead of street and nos.  — ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME Baby Boy Ba	tt		
(a) Residence: No. X Key Apts.	X (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January 1  (Month) (Oay)	193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 天		22.   HEREBY CERTIFY, That I attended d	deceased from
	uary 1,1936	I last saw in Justine 19 36 to to 1, 19 36	; death is seid
7. AGE Years Months X	Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above tm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence wera as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	X	A Day	Amp.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	X	Jua unu	4.17
10. Date deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this X occupationX		June
12. BIRTHPLACE (city or town) Hagensto (State or country)	wn, Md,	Other Contributory Causes of Importance:	
🖺 13. NAME Russell Batt			
13. NAME Russell Batt  14. BIRTHPLACE (city or town) (State or country) Marylan	đ	Nama of operation Date of	
15. MAIOEN NAME Sarah Valent		What test confirmed diagnosis? Was there an au	
16. BIRTHPLACE (city or town) (State or country)  Marylan		23. If death was due to external causes (VIDLENCE) fill in also tha following:  Accident, suicide, or homicide?  Where did injury occur?	
17. INFORMANT Sarah Valentine		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	) CE.
18. BURIAL, CREMATION, OR REMODAL DELLA	ale 19	Manner of Injury	
19. UNDERTHER LINE TO CONTROL (Address)	y Input!	24. Was disease or injury if environment related to occupation of deceased?	
20. FILEO /-6- , 19 36-67	Asf Fores.	(Signed) Jag Walnum	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TAB 6 10 0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state ). Every item of infor-

Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-20)
County Washington	Registration Dist. No. 300
Village or City Properties	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME To any Elisabeth 10	anders
et (TI Too )	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Culite Ceriatrice	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Bender	22. I HEREBY GERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December -15-1845	i last saw h_ lar_ alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _1_Qm.
90 0 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Centeral Hunorthage 1/4/36
work was done, as SILK MILL.	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	
year) January 1916 occupation 3070.	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) Norfolk	
(State or country)	
13. NAME Solu Browny 14: BIRTHPLACE (GHY or town)	
14: BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Matida 2 metros	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Are Juseph Beeles (Address)	(Specify city or town, county end State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Boronslyno Centary Downamy - 10, 19.36	Nature of injury
19. UNDERTAKER D. J. Dalt Your Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jamy -14, 1936 William & Bast Registrar.	(Signed) Xulut M.D. (Address) Danulor M.D.

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N. B.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EPR 2 1036			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

1. PLACE OF DEATH		30
County Washing to Village or City Hagerst Length of residence in city or town where d	CWH are as	Registration Dist. No.  No. 126 Randolph Ave • St.,  death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAMEClara E. I (a) Residence: No. 126 Rand	Bomberger.	If U. S. Veteran, specify WAR
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Jan 24 ,193 (Month) (Day) (Yea
6. DATE OF BIRTH (month, day, and yeer)	enry Bomberger. 3-24-1857	22. I HEREBY CERTIFY, That I ettended deceased 19.31, to 19.32, 19.31, ideath in have occurred on the data stated shows at 2 11.30 A.M.
7. AGE Yeers Months 10	Days If LESS then 1 day,hrs. ormin.	to have occurred on the date steted above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	angma Below
12. BIRTHPLACE (city or town) Washing (State or country)	spent in this occupationgton County,	Other Contributory Causes of importance:  Classonic Sufficients  Classonic Sufficients
14. BIRTHPLACE (city or town) Washi		Name of operetion Date of What test confirmed diegnosis? Wes there en autopsy?.
15. MAIDEN NAME Fanny Sh 16. BIRTHPLACE (city or town) Washi (State or country)		23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Howard Bombe (Address) Hagerstown		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Ceme	et <sub>Date</sub> Jan 27 , <sub>19</sub> 3	Menner of Injury
(Address) Hager	Kraiss.	24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed)
20. FILED / - 27- , 193 6 11	111,20000	Marin Hades &

V. S. No. 1

-WRITE PLAINLY

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FLD	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephrilis AM 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage Principal V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

EXACTLY.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

CORD. Every item of infor-

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 0089

1. PLACE OF DEATH	(62)
County Washington	Registration Dist. No.
Village or City Nagestown	No. 23 Garlinger and Ward
	death occurred in a hospital or institution, given NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Emmanuel Boward	If U.S. Veteran specify WAR
(a) Residence: No. 23 Jalling (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male mit ( OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ella Boward	22. I HEREBY CERTIFY. Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) Oct 16-1847	I last sew halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3:65-Pm.
98 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as rollows. Date of oncet
kind of work done, as SPINNER, buch molder	Old agr-old, hard-working
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spant in this sant in this	man, completely worm out - No physician in.
SAW MILL, BANK, etc	ottendance Center.
this occupation (month end year)	The more obtainable.
12. BIRTHPLACE (city or town) Has gerstown	Other Contributory Causes of importance:
(State or country)	Banclehent
13. NAME for Boward	
14. BIRTHPLACE (city or town) bagustown	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Sugan Barnhart  16. BIRTHPLACE (city or town) Hagustown	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Hagustown	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or Iown, county and State)
17. INFORMANT Mu. Fred E Bomand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Angershum MA,	
Place Augustown 2 7 196	Manner of injury
1 44 4 101 111	Nature of injury
19. UNDERTAKER CAN THE MANNEY WAS A CANADA CONTROL OF THE CONTROL	24. Was disease or injury in any way related to occupation of deceased?
1960165	(Signed) Amn N. Drum, M.D.
20. FILED 1 - 27: , 19.36 May 6 Beech Registrar.	(Addess) arting Coronsi

If more blanks are needed, address State Registrar, 7411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: 3.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 382
WILL THE CORPORATE LIMITS OF	No. 216 Aances St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred yes mos	
2. FULL NAME Stillborn Boy Bow	215 H.U.S. Veteran, specify WAR
	9
(a) Residence: No. (Usual place of abode)	St Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Jan 12 1936	last saw h
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 43.0 P.m.
Stilbory 1day, bis.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca
8 Trade profession or particular	0.4.400
SAWYER, BOOKKEEPER, etc.	Stillborn Oremature
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	Unfan
this occupation (month and spant in this occupation yaar)	
Hagest	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Leater allison Bowers	
13. NAME Leates allison Bowers  14. BIRTHPLACE (city or town). Hazerstown	Name of oparation
(State or country)	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Grene vesta Kline	23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Hagustons	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Father (Address) Hayerstown, M. J.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagelistour Date /11 , 1936	Nature of injury
19. UNDERTAKER & M. Suter & Sons	24. Was disease or injury in any way releted to occupation of daceesad?
(Addrass) Hugershop my	If so, spacify
20. FILED /- /- 136 6 Mas Hoow	32 Signed) It a Vorleifield M.D.
Registrar.	(Addrass) 136 W. Washington

V. S. No. 1

Fract statement of OCCUPA-

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, WI

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UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage - F/R 6 1936	July5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00031
County Theshington	Registration Dist. Np. 362
Village Dr City Tundes ton	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Come direction !	Downsan
(a) Residence: No. + unkalow md.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Tuble Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 HEREBY CERTIFY That I attended deceased from
(or) WIFE of Charles Edward Bowns	22. OH SEBY CERTIFY! That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June - 15 - 1869	last saw h 2 alive on 10 20 death is cold
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
/ / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were es follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this covered to the covered to t	Como Occlusion 1/4:
SAWTER, BUOKKEEPER, etc.	fifth.
work was done, as SILK MILL, Then Home	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) - 1924 spant in this 40 me	
1. 00	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	H-10 10 00
- Ford Shap	Marine
13. NAME John Henry Werking  14. BIRTHPLACE (city or town) . Cirallens kille	Miswoclois
14. BIRTHPLACE (city or town) Walkers to (State or country)	Name of operation Oate of
m	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Mary Catherine Jong.	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Walkersulle	Accident, suicide, or homicide? Date of Injury, 19
(State or country) tred, co. md.	Where did injury occur?
17. INFORMANT Charles & Bowns	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Tunkstoms Date Jamy - 5, 1936	
19. UNDERTAKER COM D. Bankyson	24. Was disease or injury in any way related to occupation of deceased? 400
(Address) Bory md.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Exa	imple I	l	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	FUEIAF	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ELAR 6 1988	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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CAIL	OF	U	EA	I	H
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County Washington	Registration Dist. No. 302
Village or City Lagelstown	No. Washington boundy High X Sward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Paul Layman B	rauch If U. S. Veteran, specify WAR
(a) Residence: No. 902 Main ave	St., Z. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  Surell  Surell	21. DATE OF DEATH 9, 193 36 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased Irom
201 - (-1973)	NANY 1934 to CAN ? 1934
7. AGE Years Months Days If LESS than	I last saw h
/ / / I day,hrs.	
8. Trade, profession, or particular	were as follows: Data of one at
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Acute Para III
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	Eff. 193: A 1/1/3
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
41 - 2 - 4	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Prevaised by the Acute days
0.000	13/36
13. NAME Cofford W. Branch  14. BIRTHPLACE (city or town) Hundry ton	Name of operation Oate of
(State or country)	What test confirmed diagnosis? X 5 7
15. MAIDEN NAME Mand O Eichleberge	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mand O Eichleberge 16. BIRTHPLACE (city or town) Hagerstone	Accident, suicide, or homicide? Oate of injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Colifford Branch (Address) Ha a constance made	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagelestown Date / 10 ,1936	Nature of injury
19. UNDERTAKER lo-M. Suter & Song	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hageylowy md	Il so, specify
20. FILEO /- 16- 1936 Mastri Dever	(Signed) (Standard M. D. Address) 139 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registrar.	(Address) A VI P-170 D Ond • 10 1 don 1 d

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properly classified.

certificate.

See instructions on back of

UNFADING INK-THIS IS A PERMANENT

AGE should be

supplied.

-WRITE PLAINLY, WITH mation should be carefully

N. B.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

MARGIN RESERVED FOR BINDING

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEA	тн	1 1017111		(Li-a)	
	Village or City 17		Wn IMITS	(I	Registration Dist. No. 30  No. Washington County Hospital  f death occurred in a hospital or institution, give its NAME instead of street and num	3 Ward
					ds. How long in U.S. if of foreign birth?yrsmos	ds
1					ett If U. S. Veteran, specify WAR	
-	(a) Residence: No.	Fairvie	(Usual place	of abode)	St., Ward.  ff nonresident give city or town and Stat	e
_	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  January 29, 19  (Month) (Day)	3 6 •
5a.	. If married, widowed, or divo HUSBANO of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended dece	esed from
6.	DATE OF BIRTH (month, day	v. end vear) Ja	anuary 2	29, 1936	11 last saw h. ar. alive on 2007 - 29 1936: de	ath is sen
_	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, allioopm.	4(11 13 3011
	0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
OCCUPATION	8. Trade, profession, or published of work done, SAWYER, BOOKKEE	PER, etc	Infant	Child	Congenital atelectoris	nte ol onset
UP	work was done, as S SAW MILL, BANK,	SILK MILL, etc			Congenital Utilitaria	
000	10. Date deceased lest wor this occupation (more year)	nth and	sper	me (years) nt in this pation		
12	. BIRTHPLACE (city or town) (State or country)	Hager:			Other Codiributory Causes of importance:	
ER	13. NAME Ira	Burkett				
FATHER	14. BIRTHPLACE (city or to (State or country)	own)Pa	a .		Name of operation	2/
R	15. MAIDEN NAME C	ora Rice			What test confirmed diagnosis? Was there an autop	sy?_/_U
15. MAIDEN NAME Cora Rice 16. BIRTHPLACE (city or town)					23. If death wes due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	, 19
17.INFORMANT Ira Burkett (Address) Fairview, Md.			d.		(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Cosey Town, Para Date Jan. 30, 1936					Manner of injury	
19.	UNOERTAKER Fred (Address) Hage	W. Krai	iss,	Bouses	24. Was disease or injury in eny way related to escupation of deceased?	
20.	FILED.	19/0//	004/10	Registrar.	(Signed) (Address) Han enstown Md	M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH

PHYSICIANS should state CORD. Every item of infor-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No.

N.B.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
31 VEAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

14. BIRTHPLACE (city or town) (Stete of

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country)

17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass) 20. FILED

Registrar.

What test confirmed diagnosis? 23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida?

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of Injury\_

24. Was disease or Injury In env way related to occupation of deceased?

If so, specify (Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Menner of Injury

RESERVED MARGIN WRITE PLAI

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FOR BINDING

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage July 5, 1927 Peritonitis 3 days ago RIIDEAII Other contributory causes of importance; Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

Jan. 28.

item of infor-

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH 00901				
1. PLACE OF	DEATH		(3) P3 N 1				
County	Vashington (	o Md	Registration Dist. No. 301				
Village occ	y Villiams	sport	No. 134 Conocheague St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?				
			If U.S. Veteran specify WAR.				
		er-Butler					
(a) Resident	ce: No. Same	(Usual place of abode)	St., Ward.  If nonresident give city or town and State				
PERSON	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX male	4. COLOR OR RACE NEGRO	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Jan. 26, 1936  (Month) (Day) (Year)				
5e. If married, widow HUSBAND of	ed, or divorced						
(or) WIFE of	Hattie F	ierce	22. 1 HEBEBY CERTIFY. That I ettended deceased Irom 19 19 19 19 19 19 19 19 19 19 19 19 19 1				
& DATE OF DIRTH	James James James	n. 15, 1883	Llast saw h. aliva on 19 death is said				
7. AGE  8. Trede, profession, or perticular  8. Trede, profession, or perticular  8. AGE  8. Trede, profession, or perticular  8. AGE  9. AGE			to heve occurred on the date stated above, et P_m.M .				
			Chonic Valvular Heart James 1-1-34				
			Other Cantributary Causes of importance:				
12. BIRTHPLACE (cit (State or coun	y or town)	ck Co Md	Chronic Interstitie Meflecter 1-1-34				
I	(city or town)		Neme of operation Dete of What test confirmed diagnosis? Was there an eutopsy?				
15. MAIDEN NAME  Maria Butler  16. BIRTHPLACE (city or town) - Frederick - Go-Md-  (State or country)  17. INFORMANT - Mrs. Roy-Butler			23. If death was due to externel causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?				
18. BURIAL, CREMATION OF REMODAL SOUTH M. C.			Manner of injury				
Place 11 iamsport Md Dete Jan 28,19-36  19. UNDERTAKER Albert Leaf (Address) Williamsport Md /			24. Was disease or Injury In any wey releted to occupation of deceased?				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(13)
County Washington	Registration Dist. No. 382
Village or City Cear Lass	No. Hagestown R & 2 St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Tharles W Cearfora	If U.S. Veteran specify WAR
(a) Residence: No Missa Crarfus	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Callerine a. Cearford	Sept 2 ,1934, to 3 ,1934
6. DATE OF BIRTH (month, day, and year) and 11 1865	I last saw h_see alive on
7. AGE Years Months Cays if LESS than	to have occurred on the date stated above, at 3.30 Q m.
70 4 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Zarmu.	Chronic nyocardelis
SAWYER, BOOKKEEPER, etc.	J. J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 1934 spant in this year)	
12. BIRTHPLACE (city or town)	Other Countibutory Causes of importance:
(State or country)	Melw 10 193
13. NAME Ofram Cearfus	
13. NAME Of an Cearfine  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Kinkingson	What test confirmed diagnosty was leger to style the an autopsy? Lev
15. MAIDEN NAME Jaan Venduck  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) Kuranov	Where did injury occur?
17. INFORMANT Mrs. Catherine Q. Carfasa (Address) Wagnes Town my RDS 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plabar addreding church Date lan 5 1936	Manner of injury
1 44 4 101	Nature of injury
19. UNDERTAKER Scott & Musin den	24. Was disease or injury in any way related to occupation of deceased?
(Address) Noguetown ma	If so, specify
20. FILEO January, 1936 Hunge St. Jacobake	(Signed) frequency . M. D. (Address) Freuncustle Par.
Websile aveal Registrar.	(Modiess)

If more blanks are noted, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1830	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	3	Other contributory causes of importance:	
Gallstones ·		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	SB	3 Y	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-OKD. Every item of infor-AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 190903
1. PLACE OF DEATH	948
County Washington	Registration Dist. No.
Village or City Accession	No. 37 Laurel St St., 5-Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
70 0	-01
2. FULL NAME JACTUAL ES 100M	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of blace. bornell.	22. I HEREBY CERTIFY. That I ettended daceased from
6. DATE OF BIRTH (month, day, and year) afail 6-1882	I last saw h land alive on 20 2 1986; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
53 9 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related offices of importance ware as follows:
Z & Trade, profession, or particular Blue Redel	Osonory hombosis for 22
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9.4ndustry or business in which	0
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar)	
TO DIDTURE OF City of Acres	Other Contributor Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Had a language
13. NAME Patrick Cornell	
13. NAME Parick Connell  14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julea Malley  16. BIRTHPLACE (city or town)	23. If death was due to external couses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Regal bornell (Address) Hace steepen ma	Specify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 10 16 te 1/2 5 19 3 f	Manner of injury
2 me literal	Nature of injury
19. UNDERTAKER  (Address)	If so, spacify
20. FILED /- 23-1936 Millet Bours	CSigned) Worken Druller M. D.
20. FILED	(Address) Hagerstaun ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			Joe .
County_	Washingto	Q. T. P. P.		Registration Dist. No.
Village o	r City Hagers	town Md		No. 317 Jonathan st St. 5 Ward
Village	olly		(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	residence in city or town who	ra death occurrad.	yrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL N	NAME Paul 1	4. Cook		If U.S. Veteran epecify WAR
(a) Resi	dence: No. Same	as above		St., S Ward.
		(Usual place		If nonresident give city or town and State
	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jan. 1,1936
male	negro	single	)	(Month) (Dey) (Year)
5a. If married, wi	idowed, or divorced			22. I HEREBY-CERTIFY. That I ettended deceased from
(or) WIFE o	of	XXXXXXX		be 29 1950 to Care 1 1936
	TH (month, day, end year)	Pont 10	1918	I last saw h. Acc. alive on 1936 death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at 11.39 P.M.
17	Tears Months		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	2	22	ormin.	were as follows
O kind SAW	rofession, or perticular of work done, es SPINNER, YER, BODKKEEPER, etc		<b>.</b>	Jovan Jellmenia pres
9. Industry	or business in which wes done, es SILK MILL, MILL, BANK, etc	Hotel		
SAW	MILL, BANK, etc	eC.   11. Total 1	ima (years)	
		Z	nt In this 2	
, year,	)	<i>y</i> 00.	opation issue	Other Contributory Causes of importance:
12. BIRTHPLACE (State or	(city or town) Sharp	burg Mc	<u> </u>	
2 13. NAME				
I I	Harry Cool	The second secon	2	
14. BIRTHPLACE (city or town) Sharpsburg Ad (State or country)			<u>.d.</u>	Name of operation Date of
				What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN	DUIA			23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPL	ACE (city or town) Sha:	rpsburg	Md	Accident, suicide, or homicide? Date of injury, 19
≥   (Stat	te or country)			Where did injury occur?
17. INFORMANT	Mrs Harr	y Cook		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address	Hagerstown	Md		
18. BURIAL, CREMATTON, OR REMOVAL				Manner of injury
PleceS 1	arpsburg Md	Date Jan.		- Nature of injury
In Hubson	Albert Les	f		24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER Williamsport Md			/	If so, specify \( \text{\tinct{\texicl{\text{\texit{\texict{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\texi}\tint{\texititt{\text{\texiting}\text{\texit{\texit{\texi\tint{\texit{\texit{\texitit}}\texititt{\texititt{\tintet{\texititt{\tinchter{\texi
,	11 31 /	Man H	Danash	(Signed) Norm Druller M. D.
20. FILED_(	1936	1004	Registrar.	(Address) Hacknown Me
			Acginitat.	" (1001003)

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA

TION is very important. See instructions on back of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	N.E.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FIAN 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1)	1	h	1)	De
0	U	J	U	0

1)	CORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
Y. S. No. 1	N. B.—WRITE PLAINLY,	mation should be ca	CAUSE OF DEATH

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

SIAIL OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ii)
County Was ain a ton	Registration Dist. No. 382
ville Hagerstoum	" March 10 H
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chesler Strother (DY)	nwell., If U. S. Veteran, specify WAR
724 13	
(a) Residence: No. 5 3 1 1 1 Y Y QU Y Y Q C Q (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write, the word)	Jany 30, 193 6
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(Jaisy	1/24 ,1936, to 1/3/ 1936
6. DATE OF BIRTH (month, day, end year)	I last saw h 494 alive on 1/30 ,1936; death is said
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 1. 1. 1. m.
43 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trede, profession, or particular	were as follows:  Logar Preumand  Oate of onest  1/24/76
kind of work done, as SPINNER, Mainey, SAWYER, BDDKKEEPER, etc.	1/27/30
9. Industry or business in which	
work was done, es SILK MILL, W. J.	
11. Total time (years)	
this occupation (month and 4-1930 spent in this 948.	
Skangus Citu	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town) 21 20 20-5 CT	
5 2 0	44-44
14. BIRTHPLACE (city or town) 2720 Cus CT 1	Neme of operation Date of Date of M
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Ema K. Gardner.  16. BIRTHPLACE (city or town 5 ten ours cut!)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or towns tev ous cut!)	Accident, suicide, or homicide? Date of Injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Daisy Cornwell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hager Stown and	
18. BURIAL, CREMATION, OR REMOVAL Pa	Manner of injury
Place Settysburg Detertly 1936	Nature of injury
A.K. O. O. Colored	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER THE WAY OF CONTROL	If so, specify
1-31- 21-4-1114	(Signed) 7 and 3 M.D.
20. FILED 19 Registrar.	(Address) Adjust of Dr.
Regultar.	(Mulicos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes, The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

Exact statement of OCCUPA-

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

County Mashington  Village or City Tahmy Munuma No.  No.  No.  No.  No.  No.  No.  No.	1. PLACE OF DEATH	93-0
Langth of residence in city or town where death occurred 2 yrs. 6	County Washington	Registration Dist. No. 365
Length of residence in city or town where death occurred. 2 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Jahruy  Manual  (Usas place of solot)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCE, MARRED. YRIOWED. (Survive the word)  8. It married, widowed, or diverced  (IUSAN) POPE OF BRITH (month, day, and year)  Manual  5. DATE OF BRITH (month, day, and year)  Manual  5. DATE OF BRITH (month, day, and year)  Months  6. DATE OF PRITH (month, day, and year)  Months  6. DATE OF PRITH (month, day, and year)  Months  7. AGE  Yers  Months  7. AGE  Yers  Months  7. AGE  Yers  Months  7. AGE  Yers  Months  1. day,	Village or City Fahrhey Memorial Hon	e No. San Mars St., Ward
2. FULL NAME Medical Sanguers (a) Residence: No. Jahruy Murant St. Ward.  (b) Residence: No. Jahruy Murant St. Ward.  (c) Residence: No. Jahruy Murant St. Ward.  (c) Residence: No. Jahruy Murant St. Ward.  (d) Residence: No. Jahruy Murant St. Ward.  (e) PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, SUPPLICATE OF DEATH  20. 153 fm.  4. Ill Married, widowed, or divorced Hugsand St. Ward.  (in) Married, Widowed, or divorced Married Hugsand St. Ward.  (in) Married, Widowed, or divorced Married, Married, Ward.  (in) Married, Widowed, or divo		(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Fashing Manaca Lance St. Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, SPOKEOP (winis the word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years  Months  Days  11 LESS than 1 day	14. / 0	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. S. SINGLE, MARRED, WIDOWED, 9. DONCEP (surine the word)  1. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  3. SEX  4. COLOR OR RACE  9. S. SINGLE, MARRED, WIDOWED, 9. DONCEP (surine the word)  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF DEATH  2. DATE OF DEATH  3. DATE OF DEATH  4. COLOR OR RACE  9. DATE OF DEATH  3. DATE OF DEATH  4. DATE OF DEATH  3. DATE OF DEATH  3. DATE OF DEATH  3. DATE OF DEATH  3. DATE OF DEATH  4. DATE OF DEATH  5. THE REBY CERT IEY. That I attended decases from  5. DATE OF DEATH  5. THE REBY CERT IEY. That I attended decases of Input on the date state of the date state o	4 / 101	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, 50. If married, widowed, or divorced HUSSAND of HUSSAND HUSSAND OF H		
## DAYORCES (curric the world)  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES (write on the date stated boxe, at 2.5 c. 1. m.  ## DAYORCES	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOAKEER, etc.  9. Industry or business in which was done as SIK MILL, SAR MILL, BARK, etc.  10. Date Government and the state of the state		Jan 30 1936
6. DATE OF BIRTH (month, day, and year) March 25 - 1850  7. AGE Years Months Days If IESS than 1 day,hrs. ormin.  8. Trade, profession, or particular saw that the profession of particular saw that the particular saw that the profession of particular saw that the	Ba. If married, widowed, or divorced	(Month) (Day) (Year)
7. AGE  Years  Months  Sylvan  1 day		
7. AGE  Years  Months  Sylvan  1 day	6. DATE OF BIRTH (month, day, and year) March 25-185	fast saw h. a. aliva on San 30 , 1936; death is said
8. Trade, profession, or particular Report of the Bolder of SPHNER, World of the Bolder of	7. AGE Years Months Days If LESS than	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPE, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at his occupation (month and spent in this spent		word as follows:
Solution	8. Trade, profession, or particular kind of work done, as SPINNER,	
SAW MILL, BANK, etc.  11. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMAYAL  Place TAKING NAME  19. UNDERTAKER SCAFT  Marker States  19. 19.36  19. UNDERTAKER SCAFT  Marker States  10. The Coatributory Causes of Importance:  11. Total time (years)  spant in this occupation  Other Coatributory Causes of Importance:  11. Total time (years)  spant in this occupation  Other Coatributory Causes of Importance:  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was thare an autopay?  What test confirmed diagnosis?  Was thare an autopay?  20. File flamm - 31. 19.36  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER SCAFT  Marker States  Manner of injury  Marker States  Marker S	S. Industry of pusiness in which	Theres Muranditis 1930
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMORL  Place  18. BURIAL, GREMATION, OR REMORL  Place  19. UNDERTAKER  19. UNDERTAK	work was done, as SILK MILL, SAW MILL, BANK, etc.	1130
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMORAL Place  Place  18. BURIAL, GREMATION, OR REMORAL Place  (Address)  19. UNDERTAKER  (Address)  (Signed)  M. D.  Other Coatributory Causes of Importance:  What test confirmed diagnosis?  Was thare an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the foliowing:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Signed)  M. D.	11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOKAL Place Taking Pennish Mate  18. Day  19. UNDERTAKER  (Address)  (Addres		Other Coatributory Causes of Importance:
13. NAME Charles Sanger  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT This Auxie Bright (Address) Fahry Memoria Home  18. BURIAL, GREMATION, OR REMOVAL Place Fahry Levels Mate Filt (1936)  19. UNDERTAKER Scatt F. Miningh Home (Address) Fayrus Levels Mate Filt (1936)  19. UNDERTAKER Scatt F. Miningh Home (Address) Fayrus Levels Mate Filt (1936)  19. UNDERTAKER Scatt F. Miningh Home (Address) Fayrus Levels Mate Filt (1936)  19. UNDERTAKER Scatt F. Miningh Home (Address) Fayrus Levels Mate Filt (1936) (Signed)  19. UNDERTAKER Scatt F. Miningh Home	12. BIRTHPLACE (city or town)	
What test confirmed diagnosis? Was thare an au'opsy?		
What test confirmed diagnosis? Was thare an au'opsy?	I 13. NAME Charles & angel	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Place Army Memorial Place  18. BURIAL, CREMATION, OR REMOVAL  Place Jahry Church Mate 7th 1,1936  (Address)  19. UNDERTAKER Scaft 7 Minimals Alam  (Address)  19. UNDERTAKER Scaft 7 Minimals Alam  (Address)  20. FILE Army - 31, 1936 (Lilliams) Bast  (Signed)  Manner of injury in any way related to occupation of deceased?  M. D.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  M. D.  (Signed)  M. D.	14. BIRTHPLACE (city or town)	
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT This during Brights  (Address) Farmy Memorial Ham  18. BURIAL, CREMATION, OR REMOVAL  Place Taking Church Mate 7th 1,1936  (Address) Human Hate 7th 1,1936  19. UNDERTAKER Scatt 7 Minimal Ham  (Address) Farmy Church Mate 1,1936  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? hw  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed) Supplies the Public Place Pla		
17. INFORMANT Phis Surice Bright  (Address) Fahrny Menical Hame  18. BURIAL, CREMATION, OR REMOTAL  Place Tahrny Church Mate 7th 1, 1936.  19. UNDERTAKER Soft 7. Minish Islan  (Address) Kagessturn Ma.  (Address) Kagessturn Ma.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? hu  (Signed) M. D.  (Signed) M. D.	I IS. MAIDEN NAME	
17. INFORMANT Phin Surie Bright  (Address) Fahry Mennid Hane  18. BURIAL, CREMATION, OR REMOVAL  Place Fahry Church Mate 7th 1,1936  19. UNDERTAKER Scaft 7 Minnish Lane  (Address) Fahry Manner of injury  19. UNDERTAKER Scaft 7 Minnish Lane  (Address) Fahry Manner of injury  24. Was disease or injury in any way related to occupation of deceased? hw  (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased? hw  (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and Stale)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Sample of injury in any way related to occupation of deceased? hw  (Specify city or town, county and Stale)	State or country)	
18. BURIAL, CREMATION, OR REMATAL  Place Taking Church Mate 7th 1, 1936  19. UNDERTAKER Scatt 7. Minish Isan  (Addiess) Lagerstown Md.  24. Was disease or injury in any way related to occupation of deceased? hv  (Signed) William Server M. D.	17. INFORMANT Min Susie Bright	(Specify city or town, county and State)
Place Taking Church Mate 7th 1936.  19. UNDERTAKER Scatt 7. Minisch Alm 24. Was disease or injury in any way related to occupation of deceased? hw  (Address) Sagesturn Md.  20. FILE Paring - 31, 1936 (Lillianus) Bast (Signed) M. D.		Mannar of injury
19. UNDERTAKER Scatt 7. Minnich der 24. Was disease or injury in any way related to occupation of deceased? hw  (Addiess) Logenstein md.  20. FILE January - 31., 19.36 (Lillianus) Bast (Signed) M. D.	Place Fahryn chuch male 7th 1,193.	6
(Addiess) Kagesstown md. If so, specify & W. Lelan M.D.  20. FILEDawn - 31, 1936 (Lilliams) Bast (Signed) M.D.	was the the the the same of them	1
20. FILEO any - 01., 1936 11 May 7		1. 2. 0 /
	20 EUE 12 31 1836 TO: 11: 3 Book	(Signed) W Velage M.D.
		(Address) Doonstora

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			
5			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	a dispersion	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CDD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U/S. No. 1.

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
÷			
- 1	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

R BINDING (S)	N. BWRITE PL. LY, W. I UNFADING INK-THIS IS A PERMANENT, RD. Every item of infor-	ed EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ficate.
MARGIN RESERVED FOR BINDING	W. I UNFADING INK-THIS IS A	refully supplied. AGE should be state	in plain terms, so that it may be prop	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLATY	mation should be ca	CAUSE OF DEATH	TION is very impor

	. DI AGE GE		OF	MAR	YLAND-	CERTIFICATE OF DEATH	9		
	1. PLACE OF					3 207			
		Vashingto	SPORI	THE LIBERTY OF	0	Registration Dist. No. 302			
	Village or Ci	ityHager	ston	$m_{-}$	d. •	No. Washington Co. Hospital St., Wideath occurred in a hospital or institution, give its NAME instead of street and number)	/ard		
-	Length of resid	dence in city or town w	here deat	h occurrad	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	_ds.		
	2. FULL NAM	WE (Sti	1160	rn) D	iehl				
		•		Ck, l (Usual place		St.,Ward.			
patentine.	DEDGO			7		If nonresident give city or town and State			
-	SEX	AL AND STAT				MEDICAL CERTIFICATE OF DEATH			
3.	Remale White OR DIVORCED (write the word)			OR DIVORCE	D (write the word)	<b>21. DATE OF DEATH</b> Jan. 23 193 6			
50	5a. If married, widowed, or divorced				ingle	(Month) (Day) (Year	<b>)</b>		
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 36 to Jan. 23, 19 36			
6.	DATE OF BIRTH (	month, day, and year)	Ja	n. 23.	1936.	I last saw h alive on death Is	sald		
7.	AGE Year	s Month	s	Days	If LESS than	to have occurred on the date stated above, at 4:30Pm.			
	- 0	0		0	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
N	8. Trade, profess	sion, or particular ork done, as SPINNER		37		Mother had eclampsia. Date of or	1881		
TI	SAWYER,	ork done, as SPINNER BOOKKEEPER, etc.		None		Stillborn 8 months			
UP/	work was	ousiness in which done, as SILK MILL, L, BANK, etc				Gestation,			
၁၁၀	10. Data deceased last worked at this occupation (month and spent in this			spe	ima (years) nt in this				
12	BIRTHPLACE (city	y or town) Hag	erst	own, l	/d •	Other Contributory Causes of importance:			
2	13. NAMEON	Franklin	Die	hl					
FATHER		(city or town)I.Q				Name of operation			
8			3/1-	04	3	What test confirmed diagnosis? Was there an au'opsy?			
MOTHER	16. BIRTHPLACE	ME Virgini. (city or town)				23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?			
Σ	(State or	country)				Whera did injury occur?			
17.	17. INFORMANT Mrs. Franklin Diehl. (Address) Hancock, Md.				9	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.			
18.	18. BURIAL, CREMATION, OR REMOVAL			-	04 56	Manner of Injury			
_	PlaceHa	ncock, I	ld.	Date Jar	1 24,19 36	Nature of injury			
19.	UNDERTAKER					24. Was disease or injury in any way related to occupation of deceased?			
_	(Address)		11			If so, specify			
20.	FILED 1/2	9/ 1936	e/kex	18/20c	eer	(Signed) A Campbell	l. D.		
1	/	1			Registrar.	(Address) Hagerstown, Ad.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset  1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	1 week ago
1921	Run over by street car	1 week ago
		- "
July 5, 1927	Peritonitis	
14	x 01 000 000	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	May 1,1923	Other contributory causes of importance:  May 1,1923 Gastroenteritis

ADDITIONAL	SPACE I	COR .	FURTHER	STATEMENTS	BY	PHYSICIAN

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

	I I LAGE OF BEA				(131)			
	County Wash	ington.	11000		Pogistration Dist No. VOZ			
	Village or City	agersto	wn ,	Washingto	on County Hospital.			
	Vinage of Gity				Mai f death occurred in a hospital or institution, give its NAME instead of street and number)	d		
	Length of residence In c	city or town where d	leath occurred	yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosd	s.		
		Hezekia	h C Du			0.		
- 1	2. FULL NAME				If U. S. Veteran, specify WAR.			
	(a) Residence: No	Funks	town, M		St., Ward.			
			(Usual place		If nonresident give city or town and State			
	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.		or or race	5. SINGLE, MAR OR DIYORCE	RIED, W10 OWED.	21. DATE OF DEATH Jan 12 , 193 6			
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Francis R. Duble.					(Month) (Oay) (Year)  22. I HEREBY CERTIFY, Thet I attended deceased from			
_					Jan. 10, 1936, to Jan. 12, 1938	2_		
6.	DATE OF BIRTH (month, de	ey, and year)	Ocy 16,	1852.	I last raw h Line elive on 12 1936; deeth is se	łd		
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12:30 m.			
	83	2	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence			
_	8. Trade, profession, or p	articular		ormin.	were es follows:	t		
OCCUPATION	kind of work done, SAWYER, BOOKKE	as SPINNER,	Carpent	er.	1/4 100 0 00	-		
Industry or business in which work was done, as SILK MILL,					The scarding westfirency			
UP	work was done, as SAW MILL, BANK,	SILK MILL,				-		
S	10. Oate deceased last wo		11. Total t	ime (years)	Chronic maphritis crufe			
0	this occupetion (mo	onth and	spe	ntin this	Awation: Waknown.			
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Other Contributary Causes of importance:			
12	BIRTHPLACE (city or town)		ick Cou	11 6 y •	West schoons			
_	(State or country)	Md			nighting.			
ER	13. NAME	Corneli	us Dubl	e.		-		
FATHER	14. BIRTHPLACE (city or to	aum			Neme of operation 223 Dete of	_		
FA	(State or country)	own)N	d.		3	GP 0+		
2				20.0	What test confirmed diegnosis? Drugger Wes there an eutopolicy			
MOTHER	15. MAIOEN NAME	Carolin	e summe	I.S.	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:			
101	16. BIRTHPLACE (city or to	own)	4304		Accident, suicide, or homicide? Oate of injury, 19			
Σ	(State or country)		Md.		Where did injury occur?			
17	INFORMANT	D. N. Rh	odes.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.			
17	(Address) Fur	nkstown,	Md.		The state of the s			
18	BURIAL, CREMATION, OR I	REMOVAL			Manner of injury			
	Plece Thurmon	nt, Md	oate Jan	15 ,19 36	Natural of Injury			
						-		
19	UNOERTAKER Tre	ed W. Kr	a188.		24. Was disease or injury in any wey related to occupation of deceased?			
-	(Address) Hage:	rstown,	1	19	If so, specify			
20	FILEO /-/5-	1036/0	KASTE	Torders	(Signed) M.	D.		
20.		10		Registrar.	(Address) for each well			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	mitalipios:
The principal cause of death and related earses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11/10/103010/03/5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 558 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			0, 17

COAD. Every Item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. A UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9/7 Big CO2- 18/201
County Madmus on	RATELINIT Registration Dist. No. 30 2
Village or City Washing ton Gounty Ho	11-No. Lat / + Carolocur St 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME famme of Hars	lin
(a) Residence (No. Garretta Mill Wash Co.)	Mast., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIFD, WIDOWED.	21. DATE OF DEATH
French White PR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HIGH TERROR TO THE TERROR	
(or) WIFE of Hanny Y Mallar	22. I HEREBY CERTIFY. That I attended deceased from  1.2/19, 19.35., to
6. DATE OF BIRTH (month, day, and year) /2 = 21 = 1860	I last saw h alive on 1/2 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &
75 — 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Urasuna (cha i) 3
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and yaar)	
Barranal	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	Fracture gener 12/18
13. NAME 12. (City or town)	
14. BIRTHPLACE (city or town) (State or country)   14. District	Name of operation
	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 7 Tast Page 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND CONTROL OF THE CON	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Various in Structure Date 5 , 1936	Nature of injury Prosture &
19. UNDERTAKER A Suman Company (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Autoria) William Comments	If so, specify
20. FILED T, 19.3 Of Control Registrar.	(Signed) M. D.  (Address) Kares C
If more blanks are needed, address State Registrar	2422 N. Charles Street Belginson Donner, 671 C M.

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Example I	(s	Example II				
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago			
Chronic interstitual nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage FAS 6 1300	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

M D	ENT CORD. Every item of infor	LY. PHYSICIANS should stat	ed. Exact statement of OCCUPA	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITJ	mation	CAUSE	i NOIT

1. PLACE OF DEATH	93-20
County Washington	Registration Dist. No
Village or City Hage Stown -	No. 119 East Loe St., 3 Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 19 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cruest Claylow of	ink
(a) Residence: No. Hageston Mde. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 5 193 6
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Pauline C. 7 ink	22.   I H/EREBY CERTIFY/That I attended deceased from 12/3/35 19 to 1936
DATE OF BIRTH (month, day, and year) Luly, 23 -/892	Hast saw has alive on 1/5 1938 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at $730A$ m.
11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	Quincular tibrillation will
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	2140 chade'd Friend
. Industry or business in which	Tigo Many Larown
work was done, as SILK MILL. auto repair	
10. Date deceased last worked at this occupation (month and spent in this	
year) farmy 1933 occupation 10 ye	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) The slice suggests (State or country)	
13, NAME Elaunth Fink	
	Name of operation Novy
(State or country)	Hamo of operational and a second seco
15. MAIDEN NAME SAAA OLA	what test commined diagnosis?
O Academic Control	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
The O o' 2' le	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Mos. Kanada Turk (Address) Gardina Turk	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dillamapat Ind Date Janey - Ke, 19.36	Nature of injury
9. UNDERTAKER WY 3. Bat 45 m	24. Was disease or injury in any way related to occupation of deceased? Acc
(Address) Boomson, md	If so, specify
19. FUED 1 - 6 19.36 Skarf Bown	(Signed) Aus Out
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 36 1930	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

200 ż See instructions on back of certificate.

RECORD. Every item of infor-

of OCCUPA-

Exact statement

V. S. No. 1

STATE OF MADVI AND-CEPTIFICATE OF DEATH

1. PLACE OF DEATH ,	— Weak S 20913
County Machine Ton	Registration Dist. No. 307
Village or City Roler sville md	No. St. Ward
/ / (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	/2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milliam A TROOTE	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / /2 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Ims Kate Fllook	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 28.1871	I last saw h / 10 elive on Tase 16 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date steted above, at 7 30 m.
64 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R 9 Trade profession or particular	Carcinoma Jam - Pot sed Oate of onset
6 Rind of work done as SPINNEWaterwal Harmer	c metasteses to subjust
3. Industry or business in which	illau region Nt.
kind of work done, as SPINNER attract. Harmer SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this generation (month and	Starration (mechanical kles 1935
O 10. Date deceased lest worked et this occupation (month and spart in this occupation occupation occupation	Cause
R Litte Cu 1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Will will will will make (State or country) Fruch (Do	
II 13. NAME JACOB Hlook	
14. BIRTHPLACE (city or town) Burkertty wille mod	Neme of operation Radium application Date of Det 1915
(State of Country)	What test confirmed diagnosis? Cliffed & Karl Was there an autopsy? Ho
15. MAIDEN NAME Nary 1-mg	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Mary 1-7 16. BIRTHPLACE (city or town) Mary College New College Name Name Name Name Name Name Name Nam	Accident, suicide, or homicide?
17. INFORMANT MYS Kater Floor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Bur Chtlo villante Jan 15, 1936	Manner of injuryNature of injury
19. UNDERTAKER C & Survey + Co (Address) K GOOLLANTILL MA	24. Was disease or injury in any way related to occupation of deceased? ZLO
1 12 18 1	(Signed) W.B. Alaber M.D.
20. FILED Jan 1 1 2 19 30 Muhame Nagustar.	(Signed) M.D. (Address) Sous Pow Ind

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

should state item of infor-OCCUPA-1. PLACE OF DEATH Every PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED stated EXACTLY. OR DIVORCED (write the word PERMANENT FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE **Yaars** Months. Davs If LESS tha 1 day, ...... SI or .... min. 8. Trada, profassion, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.... OCCUPATION MARGIN RESERVED UNFADING INK-THIS pe jo 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc...... back AGE should it may See instructions on 1D. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end so that year) - ann - 1936 occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (Steta or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME OF DEATH 16. BIRTHPLACE (city or town (State or country) -WRITE PLAI 17. INFORMANT -(Address) 18. BURIAL, CREMATION, OR REMOVAL TION is CAUSE 19. UNDERTAKER (Address) m Registra

	Regis	tration Dist.	ND. O	3
No			St.,	Ward
No. death occurred in a horpital				
ds. How long in	U.S. if of foreign b	oirth?	yrsm	osds.
ford.				
St., Ward.				
	If no	nresident give ci	y or town and	State
MEDIC	AL CERTIF	CATE OF	DEATH	
21. DATE OF DE	ATH			
	Jan (Month)		/	, 1936
//	(Month)	(	Day)	(Yeer)
22.   I HER	EBY CER	TIFY, T	at t ettended	decassad from
Jan 7	1936	to Jan	- 11	1936
I last saw h ER alive				. ; daath Is sald
to have occurred on tha d				
The PRINCIPAL CAUSE				
wara as follows:	1. 1			Date of onest
Recurs	, , ,	es		pu 5-3
Can Cang				Jan 9-3
Passin Co	ugestion	Lung	2	Jan 10
abdones	4			4
				-
Other Contributory Canse	of importance:			
				-
Name of oparation	rone		Dete of	Trone
What test confirmed diagr				
23. If death wes due to ext				
Accidant, suicide, or homi				
Where did injury occur?_			,,	,
	(Speci	y city or town.	county and Stat	e)
Specify whether injury oc	curred in INDUSTI	RY, IN HUME, OI	IN PUBLIC PL	ACE.
Mannar of injury				
Nature of injury				
24. Was disease or injury	in any way ralated	to occupation o	f daceased?	
If so, spacify Zu	one		A	
(Signad)	11/3.1	liab	ex	
	2000	colores	201	

V. S. No. 1

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	n of infor-	ould state	OCCUPA-	
	y iter	AS Sh	it of	
	RD. Ever	YSICIAL	statemer	1
	CATCO]	Y. PH	Exact	
	RMANEN	XACTL	classified.	
	IS A PE	stated E	properly	certificate.
	HIS	be	pe	Jo
	-WRITE PLAINLY, WAY I UNFADING INK-THIS IS A PERMANEN -CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	UNFAD	supplied.	n terms, se	ee instruc
		refully	in plai	ant. S
3	AINLY,	ld be can	DEATH	y import
-	PL	houl	OF	ver
	-WRITE	mation s	CAUSE	TION is

mation should be car N. B.-WRITE PLAINLY,

V. S. No. 1

STATE	OF	MARYL	AND-	-CERTIFICATE	OF	DEATH	009
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1. PLACE OF DEATH	(31)
County Washington	Registration Dist. No. 303
Village or City Huyetts Cross Road	No. Western Pike St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S.1f of foreign birth?yrsmosds.
2. FULL NAME Andrew J. Forsythe	If U. S. Veleran, specify WAR.
(a) Residence: No. Huyetts Cross Road (Usual place of abode)	S1., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE White S. SINGLE, MARRIED, WID OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Forsythe	22. I HEREBY CERTIFY, That I attended deceased from Sept 1,1934, to 1/21, 19.36
march 4, 186	I last saw h. face alive on 12/ - 1930 death is said
/Q /Q /7 1 day,	to have occurred on the date stated above, at 9:30Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
P. Trade profession or particular	Chrisic Sudo Carditi Date of onset
kind of work done, es SPINNER, Retired Farm SAWYER, BODKKEPPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	ner replatio
10. Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Washington County (State or country)	Other Contributory Causes of importance:
13. NAME Abraham Forsythe 14. BIRTHPLACE (city or town) Washington County (State or country) Md.	Name of operation
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Ruth Forsythe (Address) Hagerstown, Md. R. D. 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Paul Cemteryate Jan. 23.	Manner of injury
19. UNDERTAKER Snyder-Rowland Funeral L (Address) Clearspring, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lan 21, 1936 Rarry My Joel	(Signed) / Wor Detiller M. D. (Address) M. D.
If more blanks ar needed, askasess State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of dea of importance were as foll	th and related causews:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	20AD G 10	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	Marie .	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	THE FAULY	July 5, 1927	Peritonitis	3 days ago	
	-	4/687			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Registration Dist. No. 303 If nonresident give city or town and State CERTIFY. That I attended deceased from Date of onset Was there an autopsy?. (Specify city or town, county and State)

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Chronic interstitial nephritis DD K	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
/ C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
NAMES ASSOCIATION STATEMENT OF THE PROPERTY OF				

STATE OF MARYLAND—CERTIFICATE OF	DEATI
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15	0	9	-0	10.
11	71	10	7	1
14	V	27	E	3

1. PLACE OF DEATH	***	93-20	^-	
County Washington		Registration Dist. No.	2	
Village or City Thagerstown	Md	No. 148 Roy St.,	3 Ward	
Length of residence in city or town where death occu	h	f death occurred in a hospital or institution, give its NAME, instead of street and sds. How long in U.S. if of foreign birth?yrs		
2. FULL NAME Robert L		If U.S. Veteran specify WAR	***************************************	
(a) Residence: No. Same as a	wallowe Cof abode)	St., 3 Ward.  If nonresident give city or town an	d State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH		
	LE. MARRIED, WIDOWED, DIVORCED (write the word) WIDOWED	21. DATE OF DEATH Jan. 27, 1936	_, 193	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Long		22.   HEREBY CERTIFY, Thet   ettender   19   10   1-27-3	I deceased from	
Feb.	2, 1872		; deeth Is seid	
	Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at		
(& Trade, profession, or particular	orer	OA.	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Chronic Myocoditio	1-20-34	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Cannery	]		
10. Date deceased last worked at this occupetion (month and 1928	1. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	-Md	Other Contributory Causes of Importance:	1_2034	
		Muenea	1-2001	
14. BIRTHPLACE (city or town) Wash-Go-L		Neme of operation Date of		
(State or country)	10	What test confirmed diegnosis? Was there en		
15. MAIDEN NAME Not Known		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Date of injury	, 19	
State or country)		Where did injury occur? (Specify city or town, county and St.	ate)	
17. INFORMANT Elmer Gessford	L	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.	
(Address) Williamsport N	d R.F.D.	Manner of injury		
Piset-Pauls-CemDete		Nature of injury		
Albert Leaf	van. 27 70	24. Was disease or injury in any way releted to occupation of deceased?		
19. UNDERTAKER (Address) Williamsport	_Vd/	If so, specify A		
20. FILED / - 29 - , 1936 Sohas	However Registrar.	(Signed) Dorly (Address) Mms. Hart Mill	M. D.	
If more blanks an		, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-	

V. S. No. 1



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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH	۸	Okpan.	

00010

1. PLACE OF DEATH,	CERTIFICATE OF BEATT
County Washing Ton	Registration Dist. No. 302
Village or City Mashuraton Country	tous tal St. 3 Ward
Length of residence in city or town where neath occurred 2.6 yrs 16 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foreign birth?
2. FULL NAME Losiah & Grand	
(a) Residence: No. Skeipsburg, me	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOROR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. It married, widowed, or divorced HUSBAND ot	
(or) WIFE of	19.3.5 to Leav. 8. 19.3.5
6. DATE OF BIRTH (month, day, and year) Que 26 21863	I last saw hair alive on / - / 9 1926 death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 12 2m.
72 5 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as tollows:
8. Trade, protession, or particular kind of work done, as SPINNER Religion Tarrens SAWYER, BDOKKEEPER, etc.	Tarle chqualous (CP Mills 2
9 Industry or business in which	Carlo Halle to the
D CAM SELLS DEALLY -4-	Care de la Titre
The Date deceased last worked at this occupation (month and spant in this	Ha Satu Selerosus
year) occupation	Dthes Contributory Causes of importance;
12. BIRTHPLACE (city or town)	allasarea Shura
	Cloube Warnes.
F (10) -1 -1 (10) 7 - 7	Name of operation parentherms Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah a Pothing Cornage	23. It death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFDRMANT CALLS COLLEGE STOCK	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL ENEMATION, OR REMOVAL	Manner of injury / Colleges its
Place That Is I Date 13 11, 193	Nature of injury
19. UNDERTAKER C. L. Survey 4 Co	24. Was disease or injury in any way related to occupation of deceased? 20
(Addiess) (Radiusville ma-	If so, specity
20. FILED / 19 19 100 11 180 200	(Signed) M. D.
Registrar.	(Address) A. J. L. L. J. L. L. J. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II	
se of death and related causes e as follows:	Date of onset  1 week ago
r	1 week ago
	3 days ago
causes of importance:	1 year
_	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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009	13
ONG	1

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

1. PLACE OF DEATH	94E) 357
Village or City Lagration	Registration Dist. No.  No. S Colson Ward  death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles ON Harris	2 If U.S. Veteran specify WAR
(a) Residence: No. & Ralasnu Oliv	Str. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR) DAYORCED (writes than word) Male white Manuel	21. DATE OF DEATH  Jon 5 , 193 6 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna C. Harris	22. DER EBY CERTIFY. That I attended deceased from
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 11.30 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, 2 wern SAWYER, BOOKKEFPER, atc. 9. Industry or business in which work was done, as SILK MILL, P. P. P. P. SAW MILL, BANK, etc.	Coronary thrombosis 1/5/36
11. Total time (years) spant In this year)	Other Contributory Causes of Importance:
13. NAME Grown Maria  14. BIRTHPLACE (city or town). Chemanille (State or country)	Name of operation
15. MAIDEN NAME Marcha Munter  16. BIRTHPLACE (city or town) Walatrurinatus  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Edna C Harris (Address) Lagratown ond	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ittlastown Pa Date Jan 9, 1934	Manner of injury
19. UNDERTAKER SCATT T. Mirrinchadorn (Address) Nagerfranch Brid	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
20. FILED Registrar.	(Address) Hagestim fled

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis [ [ ]	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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		500	200	all a	1

1. PLACE OF DEATH	
County Was haraton	Registration Dist. No. 302
Village or City Wagustown	
At 1	No. 122 S Farmaly St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	Mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Roxie King	If U.S. Veteran specify WAR
(a) Residence: No. / 22 S. Zarrudre	Y St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE	Lucard)
Semale white Married	(Month) (Day) (Year)
Ja. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Roxie Hickey	22. I HEREBY CERTIFY, That I attended deceased from
0 1 100	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 19; death is said
1 day.	SS than to have occurred on the date stated above, at 9.50 Pm.
45 0 26 or	min. Were as follows: Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	l'aralysis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
o this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of importance:
(State or country)	Dea also el here melesco
13, NAME	- COUNTINIA MANY C
E .	
14. BIRTHPLACE (city or town)(State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
100	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT L. D. Dunn act. Com	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wagnatown md	
Place Hagustom Md Date Jan 30	Manner of injury
1 11. 4 111 1 - 0	1   Hattire of mijusy
19. UNDERTAKER Server To Whimmehod	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jogustowy M	If so, specify
20. FILED/ - 20-, 19 46 CHONTHOSE	(Signed) (Signed)
H D	(Addisce) (A MVI ) AA A A A A

mation should be carefully supplied.

-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DANG 1998	July 5,1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

-WRITE PLAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH 00921

1. PLACE O	F DEATH			186-20 DEATH 100321
County	Washington	Warra & P. P. Warra & W.		Registration Dist. No. 302
Village or (	City Hagerst	own		No. Washington County Hospital 3 word
			(1	death occurred in a hospital or institution give its NAME instead of street and number)
				sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA		B. Hopki		If U. S. Veteran, specify WAR
(a) Resider	nce: No. 310 N.	Potoma (Usual place of		St., 4 Ward.  If nonresident give city or town and State
	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Female	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Widow	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  January 29,  (Month) (Day) (Year)
5a. Homerical, widow HUSDAND of (ar) WIFE of	Henry Ho	pkins		220 I HEREBY CERTIFY, That I ettended deceased from
		tohen Q	10/1/3	last saw h OV alive on Sau: 26, 1936 death is said
7. AGE Yes	(month, day, and year) OC	Days	If LESS than	to have occurred on the date stated above, at 4.90 m. 1935; death is said
93	3	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profe kind of s SAWYER  9. Industry or work wa SAW MII  10. Date date accept this communication of the c	ssion, or particular work done, as SPINNER, H , BOOKKEEPER, etc	ome Work	C	Fronto memor 1-27-3
9. Industry or work wa	hueiness in which			Inter Grochanter 1-24-3
SAW MII	s done, as SILK MILL, LL, BANK, etced last worked at	1 11 7-4-14		Duration of illoess! Fire days crube
TILL OCCU	pation (month and	11. Total tir	ne (years) tin this pation	accidental fall. Decensed fell down a pair
12. BIRTHPLACE (ci	ty or town) Spotsy		pation	Other Contributory Causes of importance: of two steps in her home.
13. NAME	Alfred A	pperson		
E	(city or town)	Va.		Nama of operation Name Dete of What test confirmed diagnosis? May & Essen Was there an autopsy?
15. MAIDEN NA	Me Melinda	Jones.		
	(city or town)	**************		23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide:  Date of injury 1-24, 19-36
-   (State of	country) Va	•		Where did injury occur Home Hogerston, W.
	A. Hopkin			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ion, or removal rerstown, IId	. Date Jan .	31,,1936	Menner of injury Farran Deterborbate - Right
19. UNDERTAKER (Address)	Fred W. Kr			24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan	34,1936 6 K	east to	Registrar.	(Signed) W Honard Jegg. M. D.  (Address) No janly, M. J.
	If more l	blanks are needed, ad		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - R	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TAIL V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 00922	
1	. PLACE OF DE	ATH				
	County Wash				Registration Dist. No. 30 L	
	Village or City	Hager stown	IMITS &!		No. 427 Clarendon Ave. St. 5	Nard
					death occurred in a hospital or institution, give its NAME instead of street and number)	
					ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME		Infant H	orning		
	(a) Residence: No.	X			St., Ward.	
	PERSONAL A	ND STATISTI	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3		LOR OR RACE	1	RIFD, WIDOWED,	21. DATE OF DEATH	
	X	white	OR DIVORCE	(write the word)	January 5 193 6	
5a	If married, widowed, or di		X.		(Month) (Day) (Yea	r)
	HUSBAND of (or) WIFE of X	Volue			22. I HEREBY CERTIFY, That I attended deceased Did not see fetus <sub>19</sub> , to	from
6.	DATE OF BIRTH (month,	day, and year) Ja	nuary 5.	1936	I last saw h; death is	s said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 230 a.m.	
	Х	x	x	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or	particular			Date of	onset
OCCUPATION	kind of work don SAWYER, BDDKK		X			
PA	9. Industry or business work was done, a SAW MILL, BANK	in which s SILK MILL.				
CC	SAW MILL, BANK 10. Date deceased last v		11 Total ti	me (years)	Still Birth	
ŏ	this occupation (r	nonth and	spai	nt in this	(2 m m rhs gestation)	
				pation	Dther Coutributory Causes of importance:	
12.	BIRTHPLACE (city or tow (State or country)	Maryland	own			
04	13. NAME Wilmer	*				
FATHER						
FA	14. BIRTHPLACE (city or (State or country		and		Name of operation Date of	
2		Rosalie Cl			What test confirmed diagnosis? Was there an au'opsy? _	
MOTHER			100		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or (State or country		nd		Accident, suicide, or homicide?, 19	
	Do				(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17.	(Address)	salie Horn	ing		Specify whether injuly occurred in INDUSTRY, in ROME, of in Public PLACE.	
18.	BURIAL, CREMATION, OF	REMDVAL			Manner of injury	
	Place Lost in	commode	Date	, 19	Nature of injury	
	UNDEDTAKED.				24. Was disease or injury in any way lelated to occupation of deceased?	
19,	(Address)		10 11	4	If so, specify	
-		36 10	hasty	Sowers	(Signed) ( W ) TWEN	M. D.
20,	FILED	., 196	77/	Registrar.	(Address) 130 W. Washington St.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	Jay5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>	2 2 7
County Washing on	Registration Dist. No.	10,2
Village or City Vaccination	Nd ashingon & visofst,	3 Ward
	If death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurredyrsm	os. 1.4 ds. How long in U. S. if of foreign birth?yrsn	nosds.
2. FULL NAME / fencel/a / 133	igh yorn baker	
(a) Residence: No. / Mescentiery, Pa (10)	(4/st., Ward.	
(In Ice.) (Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR DACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORED (curice the word)	21. DATE OF DEATH	(-
June of armed	(Month) (Day)	(Year)
5a. If married, widowed, or overced HUSBAND of	22. I HEREBY CERTIFY, That I attended	danaged from
(or) WIFE of Samuel 1. 1000 varior	December 31, 19 35, to Jan	
6. DATE OF BIRTH (month, day, and year) May 19, 1884	I last saw h alive on	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 132 2.m.	, -,
5 7 36 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tousework		12/1/20
9. Lindustry or business in which		12/1/22
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Coutributory Causes of importance;	
12. BIRTHPLACE (city or town) Tra. All: C	Other Countingery Causes of Importance.	1000
(State or country) Starfaction Co., a.	Wighete me clitus	1
13. NAME acob Kerns		
13. NAME acob Kerns  14. BIRTHPLACE (by or town) Moreon (2)	Name of operation April and Co. Date of	1/10/36
(State or country) Morgan Co. W. Va:	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Clarada Hornbaker	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Congoda Hornbaker  16. BIRTHPLACE (city or town)  16. State or country)	Accident, suicide, or homicide? Date of injury	_
(State or country) Manhelin Co., a.	Where did injury occur?	
17 INFORMANT Samuel F. Hornbaker	(Specify city or town, county and Sta	
(Address) Min cersbure 19. R.D.		
18. BURIAL, CREMANION OR REMOVAL	Manner of injury	
Place Ine Droy Cur. Date Us. 17, 19.30	Nature of injury	
This bines der O	24. Was disease or injury In any way related to occupation of deceased?	440
19. UNDERTAKER (Address) Mencen eleman	If so, specify	
1-14- 36 Poplasto 5-14.	(Signed)	MD
20. FILED	(Address) Hage	us.
ACSIN'UI.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	4	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FU/BI 6 1936	July 5,1927	Peritonitis	3 days ago
	EUREAU V S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAN

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

Dr. Wade,

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	——— 93-E)
County Clashington	Registration Dist. No. 305
Village or City Books	NoSt.,Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Florence Laurette	2/. //.
n 1 5 1	Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Celite Married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Markewood Huffin	Acc. 269 , 1035, 10 Jan 31" , 1936
6. DATE OF BIRTH (month, day, and year) Quegust - 23-1860	I last saw h Lt alive on Jan 30", 1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date styled above, at
/0 3 8 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chosure Myocardiles 1426/38
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) - 1436 occupation - 29 fro	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E COPUL C. N. Office	Name of operation Date of
(State or country) (wash Co. Md.	What test confirmed diagnosis?
15. MAIDEN NAME Sarah Domo	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Domo  16. BIRTHPLACE (city or town) Boundors  (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country) wash, G. Md.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT 1. markewood Huffer	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dovishon Dar Shray 3, 1986	Nature of Injury
19. UNDERTAKER (UM. C). Book 45 Sou	24. Wes disease or injury In any way related to occupation of deceased? Ro
(Address) Bonslow mdi	If so, specify
20, FILED Feb 2, 1936 Collians J. Box	(Signed) Availer of M.D.
) Registrat.	(Adtress) Downlers Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

r de data	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00926
1. PLACE OF DEATH	- OW
County Washington	Registration Dist. No. 302
Village or City Magus town	No. Pose are St. Ward
(If	death occurred in a howital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
11 -1 41 1	
2. FULL NAME Letty Hughes	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male write married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22.0 _ I HEREBY CERTINY, That I attended deceased from
(or) WIFE of Tillie Thughes	26.1086 to 1111 6
6. DATE OF BIRTH (month, day, and year) Nov-15 1897	Nast saw h. W. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 9 m.
38 2 15 1 day,hrs.	The PRINCIPAL CAUSE Of DEATH and related causes of importance ward 35 Mows:
Trade, profession, or particular kind of work done, as SPINNER,	Journal Jane
SAWYER, BOOKKEEPER, etc.	Julian (196)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
year) occupation occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Tunkstown	
(State or country)	
13. NAME Sidney Tughes  14. BIRTHPLACE (city or town) Widged 6	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
	What test confirmed diagnosis? (VIOLENCE) filt in also the following:
15. MAIDEN NAME Contherine Walf  16. BIRTHPLACE (city or town). Branch	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mr. Sidney allughes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Garriel Grobe Md	
Place San Wer Such Date Jon 31 1936	Manner of injury
1 47 m 111	Nature of Injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
University Billians of Briefes	(Signed)
20. FILEO Registrar.	(Address) - A M. M. F. M. A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimok, Kequesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECCIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	H ERB 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory ca	eses of importance.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Tutestories		May 1,1925	Gusti verteruts	1 year
	ADDITIONAL S.	PACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN

PHYSICIANS should state Coad. Every item of infor-Skact statement of OCCUPA-AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH	1927
1. PLACE OF DEATH		0,2
county Washington	(31) Registration Dist. No.	52
Village or City Funkstown	No. St.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu.  ds. How long in U.S. if of foreign birth?	
11		05.
_ /	ng Q.Y. If U. S. Veteran, specify WAR.	
(a) Residence: Np. Tuxkstown (Usual place of abode)	St., Ward.  If nonresident give city or town and S	otate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)		193 🙇
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of E \\\ a S .	22.   HEREBY CERTIFO That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on // 15 -> 19 86	death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 130 Am.	
6   5- 05 9. 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
2 Trada profession or pertioular	Ch mi C Endo Cardi is	Date of onset
kind of work done, as SPINNER, Mey Chaut	· Puplintis	- Jaco
Solver of the state of the stat		
10. Date deceased last worked at this occupation (month and 1935   11. 76tal time (years) spent in this occupation 30475.		
12. BIRTHPLACE (city or town) Tunkstoum	Other Contributory Causes of Importance:	
(State or country) M A		
13. NAME WIVEY Seminger		
13. NAME Oliver Seminger  14. BIRTHPLACE (city or town) Funks to un	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAMET manda Moser	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Manda Moser  16. BIRTHPLACE (city or town) Deauer Creek  (Stete or country)	Accident, sulcide, or homicide? Date of injury Where dld injury occur?	
17. INFORMANTA YS Ella S. Iseminger (Address) Ella K Strum	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hayers town W Date Jaly 17, 1936	Nature of injury	
19. UNDERTAKER A. J. A. J. L.	24. Was disease or injury In any way related to occupation of deceased?	
20 EUED / -17- 10 36 Clear At Bower	(Signed) le Vor Olliller DR. VICTOR D.	MILLM.D.
20. FILED _/	(Address) 131 W. WASHUN	GTON ST.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

HAGERSTO N. MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	fi	Example II	
The principal cause of death and of importance were as follows:	107	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	6 1900 1	July 5, 1927	Peritonitis	3 days ago
BURE	AU V. S.	M		
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00928
1. PLACE OF DEATH	JOR .
County Washington	Registration Dist No. 302
Village or City Jagetstown	No. 303 4 Joseph St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Cluma R. Jacks	ou
(a) Residence: No. 363 M. Could place of abode)	St., 9 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Section 5 1936
5a. If merried, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of fraul action	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
50 7 75 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Total vermonea Dec 28,19
NOT WAS done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked as the property of this occupation (month and this occupation (month and this occupation (month and this occupation).	
fo. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Job land mel	Other Contributory Causes of importance:
(State or country)	
E	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Lands and Lands Manager Mana
15. MAIOEN NAME (Lallede Lee	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (City or town) TAR al Drick County A	Accident, suicide, or homicide? Date of injury, 19
(State or/country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Allian Ridout	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place One 1986	Nature of injury
19. UNDERTAKER Address Handle Address Handle	29. Wes disease or injury in any way related to occupation of deceased?
20 FILEO /-6-, 1936 BBOX 11 30000	(Signed) (Signed) M.D.
Registrar.	(Address) Itaquestoury, Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis file c	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-0
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No.667 Forrest Drive St., 5 Ward
7.0 (If	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jane Johnson	**************************************
(a) Residence: No. 667 Forrest Drive	St5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  Colored Widow	21. DATE OF DEATH  January 2, 193 6  (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced	
HUSBAND of John Johnson	22. I HEREBY CERTIFY, That i attended deceased from OCA 1 1935 to November 1 1935
6. DATE OF BIRTH (month, day, and year) Lay 1872	I last saw h ex alive on houseless, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:00A m.
63 7 Unknown 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trada, profession, or particular kind of work down, as SPINNER, Home Work	Chronic Endo Cadit Stationed
kind of work dona, as SPINNER, Home Work SAWYER, BOOKKEEPER, atc.  9. Industry or business in which	• /
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, Home Work SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaasad last worked at this occupation (month and year)  year)  Occupation	
Prunawiak	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) DI UTIS WICK  (State or country) Md •	
13. NAME Jerry Streams	U.S.
E linkneen	Name of operation
(Stata or country)  14. BIRTHPLACE (city or town)  (Stata or country)  Md.	What test confirmed diagnosis?
置 15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(Stata or country)	Where did injury occur?
17. INFORMANT Mrs. Mary Hellems (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whather Injury occurrad In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 2
Placa Hagerstown, Md Pata Jan. 4 ,1936	Natura of injury
Fred W Vr. iss	24. Was disaasa or injury In any way ralated to occupation of deceased?
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstone, MdA	If so, specify
1-3- 366 481 H13 owers	(Signed) the bluelles M.O.
20. FILEO, 1924 Production Registrar.	(Addrass) VICTOR D. MILLER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPPAIT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDI	TIONAL SPACE F	OR FURTHER ST	CATEMENTS BY	PHYSICIAN	

STATE OF MARY	LAND—CERTIFICATE OF DEATH 00930
1. PLACE OF DEATH	(82-0)
County Wash.	Registration Dist. No. 003
Village or City Mean Clean S	Epsing Mol, No. St., Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  _yrs,mosds. How long in U.S. if of foreign birth?yrs,mosds.
11 02.00	- 115
2. FULL NAME JAMES Sold I	will somstre
(a) Residence: No. //www. (Usual place of a	abode) St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	ULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (A	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bearl Johns	22. I HEREBY CERTIFY. That I ettended deceased from 12, 1936, to 12, 1936
6. DATE OF BIRTH (month, day, and year) Hely. 9 18	364   Hest saw holm elive on Jan 23, 1936; deeth is seld
7. AGE Yeers Months Days	If LESS than to have occurred on the date stated above, et 4.300m.
	1 day,hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
Z 8. Trade, profession, or particular	ormin. were as follows: Date of onset Hernonhage Jan / 2
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	nor 1 / 183
J. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
O ID Date deceased last worked et 11. Totel time	e (years)
this occupetion (month end spent in occupet	ation
12. BIRTHPLACE (city or town) Church Burn. Burn. (State or country)	Other Contributory Canses of Importance:  1930
13. NAME John S. John	nsore
I4. BIRTHPLACE (city or town)	Neme of operation Nove Date of
(State or country)	What test confirmed diagnosis? When there an autopsy? Wes there an autopsy?
15. MAIDEN NAME Sarah Bill	23. if death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Dete of injury
∑ (Stete or country) Ta.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT The Searl John	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Stean Spling	· Ma.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date	26.19.36 Manner of injury
l late de la e de la late de la late de la late de late de la e de late de late de late de la late de la late de	Nature of injury
19. UNDERTAKER Sympolice of OI out	Control of the state of injuly in any way felicieu to occupation of deceased.
20. FILED CL. 25., 19. 36. 49. 19	(Signed) David T. Oslewer M. I. (Address) Clears forms M. d.
If more blanks are needed, as No	Legis State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: E VED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis 1, A 6	1921	Run over by street car	1 weck ago
Cereoral nemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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V. S. No. 1

A DIAGE OF STATE OF MAKIEAND	CERTIFICATE OF DEATH 00301
1. PLACE OF DEATH	79-20
County Wasking for	Registration Dist. No.
Village Dr City Maguslowa	No. Hospital St. 3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  3 ds. How long in U.S. If of foreign birth? yrs. mos. ds
91.1 V	now long in 0.3. If of foreign birth?yrsmosos
2. FULL NAME / (elwig derog)	efer /
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR/RACE 5. SINGLE, MARRIED, WIDDWED, OR DEVORCED (Grice the word)	21. DATE OF DEATH  JAM. 21  (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
h. 31 10 m	VAN 17 1936, to DAN 21 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h aliva on O. H 2.1 19 death is said
7 Days 11 Less than 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
0 T-demin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	1 D AGONT
9. Industry or business in which	1 CIVITY S (TID - INEX O'S OF OLLO) 1/10/31
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
ID. Data deceased last worked at this occupation (month and spant in this	
yaar) occupation	Dthar Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Quevan, Va.	
(State or country)	
13. NAME Floyd Reifer  14. BIRTHPLACE (city or town) Septras, Pa.	
14. BIRTHPLACE (city or town) Deplom, a.	Name of operation
(State of Country)	What tast confirmed diagnosis? hyn be free to Was there an au'opsy?
15. MAIDEN NAME / atherine flefer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sylvan, 16.	Accident, suicida, or homicida? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT logo Keefer (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Heylvan, 1a	Manner of injury
Place Tone General My, Date 122, 1926	Nature of injury
19. UNDERTAKER SM. Lininger	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) Mercyrphungela.	If so, specify
20 FILED 1-21-136 Chastinower	(Signed) OV, Odma Ham
Registrar.	(Address) 12 9 W. Wandy on 20.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00923
1. PLACE OF DEATH // -	
County Kashington	Registration Dist. No. 2 - 301
Village or City Near Smithsburg no	Ala
11-1-1-0	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy/smos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizabeth. amm.	Rendal
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	You 3
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Gord WIFE of Garol Kindal	22. I HEREBY CERTIFY That I ettended deceased from
3-11-1852	flec 3/ 1985, to Jan 3 1936
6. DATE OF BIRTH (month, day, and year)	I last sew h. Ocalive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 22.00 m.
0 J / -   2 3   or min.	The PRINCIPAL CAUSE OF BEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, / Louise Keefeer SAWYER, BOOKKEEPER, etc.	1 de la constante de la consta
9. Industry or business in which	Denna Jewonloan las/
work was done, es SILK MILL, SAW MILL, BANK, etc	1738
10. Date deceased last worked et this occupetion (month and spant in this	Columnia flagsand 100
year) occupation	7702
12. BIRTHPLACE (city or town) Sugething bring	Other Contributory Causes of importance:
(State or country) Wash few sug	
13. NAME Less. Language.  14. BIRTHPLACE (city or town) Surjetyburg	
4 14. BIRTHPLACE (city or town) Surjetyburg	Name of operation Dete of
(State of Country) Vach. Co	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Polly I fora	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Surphaburg	Accident, suicide, or homicide?
(State or country) Prash las pland	Where did Injury occur?
17. INFORMANT My Mary Indeprogram	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithly and M. F. D.  18. BURIAL, CREMATION, OR REMOVAL	
(1 Place the planny Centry Date law 4th 1926	Manner of Injury
Julian A Co Ist.	Neture of injury
19. UNOERTAKER SHOULD STATE TO OUR (Address) Smithstown April	24. Was disease or injury in any way related to occupation of deceased?
In and at Clatter	If so, specify
20. FILEO Jan 37, 1936 Sept Stephen 1936 Registrar.	(Signed) M. D.
	(Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes I Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00932
1. PLACE OF DEATH	(B)
County Chashington	Registration Dist. No. 3.65
Village or City Mt - Leva	NoSt.,Ward
/* A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel E. 1x is	4014
(a) Residence: No. Mt. Lena md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, white set on the HUSBAND of	22.   OHEREBY CERTIFY: That I attended deceased from
(or) va Kursey	30h 1998 to the 1/ 1998
6. DATE OF BIRTH (month, day, and year) June - 12-1874	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
6/ 6 22 grmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as ollows:  Oate of one of
8. Trada, profession, or particular kind of work done, as SPINNER, American	South of Company for the
A Industry or business in which	
work was done, as SILK MILL, B. F. R. R. R.	
	A
year) occupation 10.94	They Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	Man 1 = polos our 1994
	The state of the s
E 0 0. 1.	Name of operation. Date of
4. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Soblis Combrose	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Soldie Coultrose  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19
(Stata or country) Fred. lo: md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Charles Chilty (Address) Boonson Md. R. J.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deaver Creek Date Gury 1, 1936	Nature of injury
19. UNDERTAKER (July). Don't Y Soy (Address)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO Jamy 6., 1936 (l'Iliam de Baat Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURBAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

If more b.anks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without loborer, Laborer—Coat many loborer, Farm loborer, Laborer—Coat many loborer, the loborer, the loborer at home, who are engaged in the duties of the loborer. If also are loosed to the loosed loo fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs ... For persons who have no occupation business, that fact may be indicated thus; Forner (restate occupation at beginning of illness. If retired from or given up; on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g: gcd in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Solesman, (b) Grocery; Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, mpositor, Architect, Locomotive engineer, Stationary fremon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Corcinomo, Sorcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MADVI AND CEDTIFICATE OF DEATH

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PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARTENIE	CLIVIII ICAIL OF DEATH	
1. PLACE OF DEATH	(12)	
county Washington	Registration Dist. No.	> 2
Village or City HOLARYSTOWN	No. 19 So Locust st.	3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and nudeds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Jacob Duren Myst-	LY If U. S. Veteran, specify WAR	
(a) Residence: No. 19 So - ucust (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Taux (Day)	193 (Yeer)
5a. If married, widowed or divorcad HUSBANO of		
(or) WIFE of Hmanda E	1 HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) Jan 29-186	ollast saw h 1 mg elive on 1971 13 1936	death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at	
Q 1 1 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
6 kind of work done, as SPINNER. a r penter	Cly Wire and the	Jan 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (month and		THE STATE OF
SAW MILL, BANK, etc.		
11. Total time (years) spent in this occupation (month and 934 spent in this occupation occupation occupation occupation		
ollill 211 de de de l'ille	Other Contributory Causes of Importanca:	ht 1025
12. BIRTHPLACE (city or town) (State or country)	(apoplacte St. W.)	May-1135,
13. NAME Jaw: d Kref or  14. BIRTHPLACE (city or town)	, , , , , , , , , , , , , , , , , , ,	
4. BIRTHPLACE (city or town)	Name of operation Date of	7
(State or codely)	Whet test confirmed diagnosis? Clauseal arrow Was there an eu	itopsy? Lo_
15. MAIDEN NAME LECA Seigns.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	)
17. INFORMANT LA GREY STOWN LLD.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	ĆE.
18. BURIAL, CREMATION, OR REMOVAL  PIOL QUY 5 0 UN UN Date QUY 19-19-36	Manner of injury	
19. UNDERTAKEA IT COXX made (Address) Has been stored	24. Was disease or injury in any wey releted to occupation of deceased?	No:
20, FILEO/-17- 1936 Shuff Bower Registrar.	(Signad) (Steet V. Coura	d M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
AUREAU Y S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

)	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT COAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
INDING	RMANENT	XACTLY.	classified. Exa
J FOR B	S IS A PE	e stated E	e properly
MARGIN RESERVED FOR BINDING	FADING INK-THI	ied. AGE should b	ns, so that it may h
MAK	ITE PLAINLY, WITH UN	on should be carefully suppl	CAUSE OF DEATH in plain terms, so that it may be properly
V. 5. NO. 1	N. BWR	matic	CAU

TION is very important. See instructions on back of certificate.

	County	F DEAT					Registration Disk No. 3	1.3
	Village or C	ity Ne	nington	vanring	Md.		Registration Disk No. 2	Ward
	Langth of rosi	dance in eith	ar town where	ruter-me-	78	(1	NoSt.,  death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrs	number)
•								nosgs
Z.			-Susan-				St. Ward.	
			Near-Cl				If nonresident give city or town an	d State
3. SE			OR RACE		MARRIED, W		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
				OR DIVOI	RCED (write		January 24	, 193 6
5a. If	emale married, widow	ed, or divor		Mari	ried		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		John Kr	ontz			22. I HERBOY CERTIFY, That I attended	deceased from
6. DA	TE OF BIRTH	(month, day,	and year) S	eptember	r 25,	18 53	I last saw hele alive on Janua 93 2, 198	E; death is said
7. AG			Months	Days		LESS than	to have occurred on the date stated above, at 10:30Pm.	
		78	5	1		min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
5	8. Trade, profe kind of v	ssion, or par vork done, a	ticular s SPINNER,		227		Could at House	char
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and				omoWor	Æ	0000000	193	
0 1	O. Data deceas this occu		ted at th and		tal time (year spent in this occupation	3		
12. B	IRTHPLACE (ci			gton Cou	unty		Other Contributory Causes of Importance;	
¥ 1	3. NAME	Jacob	Mills					
FAIHER	4. BIRTHPLACE	(city or tow	vn)Wash	ington-(	Gounty-		Name of operation Date of_	
۲ ا	5. MAIDEN NA		V:	Md.			What test confirmed diagnosis? Was there an	
エー	6. BIRTHPLACE	11/00	ry Kins		Gounty-		23. If death was due to external causes (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	
			Krontz				(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. B	URIAL, CREMAT	ION, OR RE	spring,	Inta s			Manner of injury	
	PlaceF-Q	reythe	es-Ceract	Date-Jel	n27-	, 19-36	Nature of injury	1
19. U	NDERTAKER (Address)		r-Rewla		ral Ho	ne	24. Was disease or injury in any way related to occupation of deceased?	no
	LECTU	97	86	100	1111	1001	(Signey Mattian 1 / 2 mg	M. I

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
de to to			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN
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В	P	0	þ	ř	

PHYSICIANS should state RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. THON is very important. N. B.—WRITE PLAINLY, We mation should be careful.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	10
County Washing ton	
Village or City Hard Crstown	No. 223
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospita mosds. How long is
2. FULL NAME MYS Lillie Laws	If U. S. V
(a) Residence: No. 223 Fxedexek (Usual place of abode)	St., 3 Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDIO
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED	21. DATE OF DE
Ferral White OR DIVORCED (write the word)	
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of Aurelius-	22. Jan
M = 1.15 . (1.5	1. I last saw h ali
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
~ () 1 0 day,	hrs. The PRINCIPAL CAUSE
8. Trada, profession, or particular	wara as follows:
Kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and 3 14 spant in this year)	, ,
C. A.	Dther Contributory Caus
12. BIRTHPLACE (city or town) Veux CCO (Stata or country)	Chr B
± 732	
I4. BIRTHPLACE (city or town) 512 5 6 0	Nama of operation
IS. MAIDEN NAME MONU SUM MONS	23. If daath was due to ex
E GI E.I.	Accident, suicide, or hon
O 16. BIRTHPLACE (city or town) (State or country)	Whara did injury occur?
17. INFORMANY S. Sadie Ranneberger	Specify whether injury of
(Address) Hagerstown Lui.	
18. BURIAL CREMATION DR REMOVAL	Manner of injury
Plack Y and Noyal Chata Jaury 2 193	Natura of injury
19. UNDERTAKER AM COXY War	24. Was disease or injury
(Addrass) Hageystown md	If so, spacify
20. FILED/-/2- 136 6/14/1/ swert	(Signed)
Registrar	(Addrass)

00936

	_ Registration I	Dist. Np.	2
No. 223 Fred	1 11		3 Ward
No. X & S   Y e C	on, give its NAME	instead of street ar	nd number)
ds. How long in U.S. if of			
If U. S. Veteran, s	specify WAR		
St., 3 Ward.			
		rive city or town a	
MEDICAL CE	RTIFICATE	OF DEATH	
21. DATE OF DEATH-		11	
	(Month)	(Day)	(Year)
22. I HEREBY	CERTIF	Y. That I attend	ed dacaased from
Jan 2	1934 , to A	an 11	19.3.4
I last saw h alive on	Jan		€; death is sald
to have occurred on the date stated	above, at 1 3	<b>.</b>	
The PRINCIPAL CAUSE OF DEATH	i and ralatad causa	s of importance	
wara as follows:			Date of onset
Bronchofs	Alamar.	wa	1/2/3.4
^	•		
Dther Contributory Causes of Impor			
Chr Bron	chilis		
Nama of operation		Date of	
What tast confirmad diagnosis?		Was thara a	n autopsy?
23. If daath was due to external caus	es (VIOLENCE) fill	in also tha follow	Ing:
Accident, suicide, or homicide?	[	Date of injury	, 19
Whara did injury occur?		***************************************	
Specify whether injury occurred in	(Specify city or INDUSTRY, in HO	town, county and S	State) PLACE
Manner of injury			
Natura of injury			
24. Was disease or injury In any wa	y ralatad to occupa	tion of decaasad?_	
If so, spacify	7A	1	****
(Signed) H & O	orleif	cely	
(Addrass) /3 6	wwa	sling	lon If

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pal cause of death and related causes name were as follows:    1 week ago
street car 1 week ago
The state of the s
3 days ago
ributory causes of importance:
itis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

00937

1. PLACE OF DEATH	18
County Washington	Registration, Dist, No. 362
Village or City HQ QCYS to wo	11/0/00 C //00/1/00 /2 //
(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMELOUIS FITTEUR LEOPO	r Cl If U. S. Veteran, specify WAR
	c St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacased from
Δ	tan 12 21
6. DATE OF BIRTH (month, dey, and year) TUC 1 Q 0 4  7. AGE Yaars Months Days If LESS than	= 30 1
TAGE Tadas Months Days IT LESS than 1 dey, hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
)   S     ormin,	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	meningilis 1/10/36
SAWYER, BODKKEEPER, etc.	meningoloccus
Rind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased lest worked at this occument on month and spent in this spent in the spent in	
SAW MILL, BANK, etc. Da Vamaciotti	
O 10. Date deceased lest worked at this occupation (month and yeer)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Colum bus	Oliver of the Control
(State or country) (Sh; b'	
# 13. NAME DUIS Leve and	
14. BIRTHPLACE (city or town) Cuble	Name of operation Data of
(Stata or country)	
	What test confirmed diagnosis? Wes there an autopsy?
E 13. MAIDEN NAME A Where 13. Jack	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Katherine B. Jack  16. BIRTHPLACE (city or town) Tings to m. (State or country)	Accident, suicida, or homicida?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. L. DUIS Leopar de (Address) Haary Stours Jan	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of interest
Plack a yers to un un Dais aught , 36.	Nature of injury
19. UNDERTAKER A. K. COXX W. and	24. Was disease or injury in any way ralated to occupation of deceasad?
(Address) Hagevstoum, Ww	If so, spacify
1-13- 34 lake 1 Hansen	(Signed) H. S. Porterfield M.D.
20. FILED, 19 / O / No. 19 / O Registrar,	(Address) 13 6 W Washington of
Kegistrat,	(unness) - 1 - 7 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
RINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

()	13	0	9	0
U	U	J	U	8

1. PLACE OF DEATH	(3)	
County Washington	Registration Dist. No.	9 2
Village or City Downwelle		Ward
	If death occurred in a hospital or institution, give its NAME instead of street and n  S. How long in U.S. if of foreign birth?	number)
2. FULL NAME Unnamed child / I	issat   If U.S. Veteran, specify WAR.	
(a) Residence: No. Downstrelle 76 (Usual place of abode)	Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 6 TH	, 193.6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended d	deceased from
6. DATE OF BIRTH (month, day, end year) Gan. 5, 1936	1 lest saw hum alive on Janus 5 , 1936	; death is sald
7. AGE Years   Months   Days   If LESS than   1 day,hrs.	The I KINCH AL CAUSE OF DEATH and related ceases of importance	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:	Oate of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Africal bifeda	
10. Oate deceased last worked et this occupetion (month end spent in this occupation compared to the compared	bifida	
12. BIRTHPLACE (city or town) Downsielle, M. (State or country)	Other Contributory Causes of importance:	~~~~~~
13. NAME aaron Fight	bruch priser tation	
I4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oate of What test confirmed diegnosis? Was there an at	utonev?
15. MAIOEN NAME Bessie Baker	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Acrofd Donaldsony (Address) Hagerstown MA	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	(CE,
18. BURIAL, CREMATION, OR REMOVAL Place Hayerstown Date 1/6 1936	Manner of injury	
19. UNDERTAKER G-M. Sutger & Sond.	Neture of injury 24. Was disease or injury in any wey releted to occupation of deceased?	
20. FILED 6-6-, 1936 Charfibower	Signed) Alfflu fayman	M, 0.
Registrar.  If more blanks are needed, address State Registrar.	(Adgless) - Company Company (Adgless) - Land C	M. J.
	C. C. D. Onices, Danimore, Acquesting U. J. 140, 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

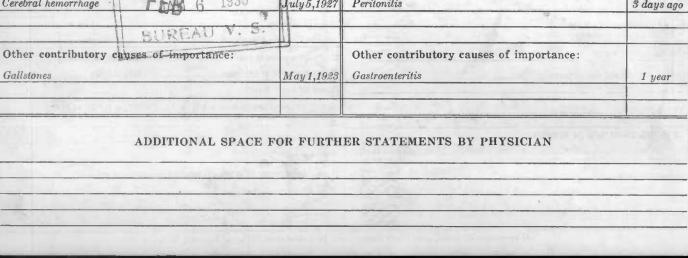
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were a	of death and related causes s follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The Court of the C	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FR 6 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. D.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	CATI	FOF	DEATH
SIAIL	UF	MAKIL	AIVU-	CERTIFI	CAL	LUI	DLAID

STATE OF MARYLAND	CERTIFICATE OF DEATH 00939
1. PLACE OF DEATH	- GRAV 9 01 3
County Washington	Registration Dist. No. 301
Village williamsport Md 27	Np. 14 South Conocheagne St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsyrsds.
2. FULL NAME Dolly Madison	If U.S. Veteran specify WAR.
(a) Residence: No. Same as above (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  female White Single	21. DATE OF DEATH Jan. 2, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divoged XXXXXXXXX (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1   1930, to   2, 196   1   1936 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	THE FAIRCHAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Date of onset
ID. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town). W.illiamsport. Md. (State or country)	Other Coutributary Causes of Importance:
13. NAME James Madison	
14. BIRTHPLACE (city or town) (State or country) Williamsport Md	Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Aldeed V Cramer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or country) Sharpsburg Md	Accident, suicide, or homicide? Date of injury, 19
James Madison 17. INFORMANT Williamsport Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PWalliamsport Md Date Jan 5 19.36	- Nature of injury.
Albert Leaf  19. UNDERTAKER Williamsport Md  (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jans 4. 19.36 Lo. to. Rickard	(Signed) Soose M. D.  (Address) Low part Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial peptritis	1921	Run over by street car	1 week ago	
Cerebral hemorrage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
sta UP	1. PLACE OF DEATH	(50) V
of	county / assumption	Registration Dist. No.
shor of O	Village or City June 0010,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Langth of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
Eve	2. FULL NAME / ary o Ma	uu ·
IKD.	(a) Residence: No. If ashing ton av	St., Ward.  If nonresident give city or town and State
ABCO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR BACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T I ed.	5a. If married, widowed, or divorted HUSBAND of	(Month) (Oay) (Year)
AANEN ACTI assified	HUSBAND OF JOB. Manne	22. I HEREBY CERTIFY, That t attended deceased from 27, 1936, to Sam. 27, 1936.
EX EX cl	6. DATE OF BIRTH (month, day, and year) 100 /9 de / 852	Mast saw her alive on Jan 27 1936 : death is said
erly icat	7. AGE Tears Months Days If LESS than	to have occurred on the data stated above, at 5 - 3 a.m.
S tate	8/ 3 10 1 day, hrs. or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
E S I e p	8. Trada, profession, or particular kind of work done, as SPINMER AUSEUM SAWYER, BOOKKEEPER etc. Jaueseum Je	arterioschenotee /tearl
THI J P J P K O		Disease 1925
oulcoulcoulcoulcoulcoulcoulcoulcoulcoulc	9. Industry or business in which work was done, as SILK MILL, Dung Jones. SAW MILL, BANK, etc.	Bronelial arthura 1920
INE Sh tit	10. Date daceased last worked at this occupation (month and spent in this	
rG tha ons	yaar) occupation occupation	Other Contributory Canses of importance:
So stic	12. BIRTHPLACE (city or town) Thured Man	Carcinoma of
ed. ied. ns, tru	(State or country)	Right Breat
ppl ppl ern ins	13. NAME It Mane Cor Eager.	
su su in t	14. BIRTHPLACE (city or town) fash of The State or couptry)	Name of operation
rring pla	Colore of coupley)	What test confirmed diagnosis?
verefu in in	I C	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
cal TH port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
EA im	I maria	(Specify city or town, county and State)  Specify whather injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
PLA hould OF D very	17. INFORMANT (Address) Have OTA Days	openy whather injury occurred in Industry, in nome, of in Public Perce.
	18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
E E E	Place fague och Model - 19 134	Natura of injury
-WRIT mation CAUSI TION	19. UNDERTAKE PRESIDENT	24. Was disease or injury in any way related to occupation of deceased?
LEOH	(Address) Huncodo Tro	If so, specify
-	20. FILEO 1-2 7, 1036 Places Carri	(Signed) Selsond / I odd M. D.
4	Registrar.	(Address) to color and
	If most blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALEXAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00941
1. PLACE OF DEATH	60
County Mastying top	Registration Dist. No. 2 306
Village or City Separatisburg med	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jahre F. Master	Masters Masters
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE Married, WHOWED, OR DIVORGED (aurite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Effice (Reynolds) Masters	22. I HEREBY CERTIFY. That I attended decassed from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Yaars Months Days If LESS than 29. I day,hrs.	to have occurred on the data states abova, at 12,0 fn.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
R. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	My sear of ils mones. 1935
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10 Date daceased last worked at this occupation (month and	Augustion : a gens, Culf G. 1821
SAW MILL, BANK, etc	La e mare
O 10: Date daceased last worked at this occupation (month and year) year) occupation occupation	1 /936
Para hara	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)  (State or country)	fromby freemour 11931
13. NAME Lourge. Ju astern	
13. NAME Lawree Mastern  14. BIRTHPLACE (city or town) Services.	Name of operation Date of
(Stata or country)	What test confirmed diagnosis?
15. MAIOEN NAME Catturine. Fullow  16. BIRTHPLACE (city or town) Sreyuzburg.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Reach. les found	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Congress Market	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Sulletis and come post face 17 5, 19.36	Natura of injury .
19. UNOERTAKER ASIO B. Hoover (Address) Smithsburg Mid	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEDJan / le P. 1934 Start Traguson Registrar.	(Signed)
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TATO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			4

PHYSICIANS, should state

stated EXACTLY.

properly classified.

be

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

No. 1.

E Za

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

00942

1. PLACE OF DEATH	95.0
county VVashington	Registration Dist. No. 302
Village or City Halle & Stoum	No. 1011 Saleu HVZ - St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME DE ACUPU Way	If U.S. Veteran, specify WAR.
(a) Residence: No. 12 hinsely From	St. Ward.
(Ushalplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Nonth)  (Oav)  (Year)
5a. If married, widowed, or divorced HUSBANO of	(vay) (rear)
HUSBANG of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year Que a 30-1877	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 8 5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Calume Maker SAWYER, BOOKKEEPER, etc.	26 + 1
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this menuation (manthead).  11. Total time (years) spent in this spent in this	No doctor in attendance, Dr. Lehmon
SAW MILL, BANK, etc.	called often death Cutor
	no knother information.
year) Your 20 occupation OUYS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). 2 Yearth 1999	
(State or country) & d.	
E + 1000 0 = 7	
14, BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
H	Accident, suicide, or homicide?0ate of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Tarry Way	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Races Itus III	•
18. BURIAL CREMATION, OR REMOVALS WELL TO	Manner of injury
Place TOLIVI Date 1990 Date 1990	Nature of injury
19. UNDERTAKER 4 T. Colley au (1-	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hearth Will.	If so, specify
20. FILED 2-1, 1936 May 1 Dower	(Signed)
Registrar.	(Addréss) acting the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
item of i should of OCCU	Village or City Hage stown (If	No. Washington bist. No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Cond. Every PHYSICIANS ct statement	2. FULL NAME Still Bounf	ds. How long in U.S. if of foreign birth? yrs. mos. ds.  Wille Uf U. S. Veteran, specify WAR.
NS Sta	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
SE 5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT CO	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
MANEN ACTL assifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBO CERTIFY, That I attended deceased from
ERI EX cl	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
FOR B. IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were assigned.
K—THIS tould be may be back of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Course Coolegnas ampillal
RGIN RESENTATION RESENTATION IN Phied. AGE strens, so that it instructions on	this occupation (month and spent in this occupation.  12. BIRTHPLACE (city or town) (Stata or country)  Language F. Muller	Other Contributory Gauses of importance:
H UN y supp ain ter	14. BIRTHPLACE (city or town) Hageistons (State or country)	Name of operation Data of  What tast confirmed diagnosis? Was there an autopsy?
INLY, WIT be carefull; EATH in pl	15. MAIDEN NAME Pearl Collect  16. BIRTHPLACE (city or town) Harrishng (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
PLA hould OF D	17. INFORMANT Russell & miller (Address) Garagerston md.  18. BURIAL, CREMATION, OR REMOVED.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury
-WRITE mation s CAUSE TION is	Place Hary Data 23, 19. 6.  19. UNDERTAKER B-M. Suler & Sons,	Nature of injury  24. Was disease or injury in any way related to occurpation of deceased?
N. B.—	20. FILED / - 23 -, 1936 (3/100/10 3000000000000000000000000000000	(Signed) (486 and 11 Africa Ta

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

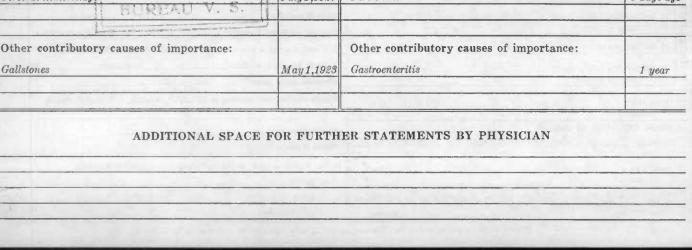
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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 100 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
AND THE RESERVE OF THE PARTY OF			



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis 7926	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

N. B.—WRITE PLA

## STATE OF MARYLAND-CERTIFICATE OF DEATH

13	09	IF
U	UJ	tal

1. P	LACE OF DEA	TH			<u> </u>	
(	CountyWash	ington			Registration Dist. No.	302
'	Village or City	Hagersto			No. Washington Co. Hospital St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth? yrs.	number)
					Town long in O. O. it of longin bilting	1102*
	ULL NAME		Llenoin	GRE		
(	(a) Residence: No.		(Usual place	of shade)	St., Ward.  If nonresident give city or town as	J C
	PERSONAL AL	ND STATIST			MEDICAL CERTIFICATE OF DEATH	id State
3. SEX		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
/			OR DIVORCE	D (write tha word)	January 2,	1936
5a. If ma	arried, widowad, or div	hite	1000		(Month) (Day)	(Year)
HU	SBAND of ) WIFE of	rorced	appendiction and		22. I HEREBY CERTIFY, That I attende	d deceased from
	,				, 19, to	, 19
6. DATE	OF BIRTH (month, da	ay, and yaar)	January 2	. 1936	I last saw h aliva on, 19	; death is said
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the date statad ebova, atm.	
S	tillborn			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance ware as follows:	1
z 8.	Trade, profession, or p	particuler				Date of enset
[음]	SAWYER, BOOKKE	EPER, atc				
9. 10.	Industry or business i work wes done, as SAW MILL, BANK,	in which SILK MILL.			, 6 hos. feeths.	
	SAW MILL, BANK, Date decaased last wo		11 Total #	ime (years)		
0	this occupation (mo	onth and	sper	nt in this	of ell My	
					Other Contributory Causes of Importanca:	
	HPLACE (city or town Stata or country)	Hagers	town, Md.			
		2722 C3-2	tan Manni	200		
14.1 14.1	NAME Clar		ton Monni	uker		
¥ 14.1	BIRTHPLACE (city or t		gerstown		Name of operation Dete of_	
	(Stata or country)				Whet tast confirmed diagnosis? Was thera an	autopsy?
T	MAIDEN NAME Ka				23. If daath was dua to external causas (VIOL ENCE) fill in also tha following	
Q 16. I	BIRTHPLACE (city or t (State or country)	own)nr!	lartinsbur	g	Accident, suicida, or homicide? Date of injury	, 19
	(State or country)	- 11	• Allelii	la	Whara did injury occur?(Specify city or town, county and St	
	RMANT Mrs (Address)	. C. C. N	lonninger		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
	AL, CREMATION, OR			35	Mannar of injury	
P	Place Premise	8	Date Jan,	19 36	Nature of injury	
	ERTAKER LL &	strong	n Carto	Spilet !	24. Was disease or injury in any wey ralated to occupation of deceased?	
20, FILEI	1-6-	1936-6	north	Boccio	(Signed)	M. D.
1				Registrar.	(Addrass) faces ten and	

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Example I	+i	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage TAB 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	108	Registration	Dist. No. 3	16
ND.	a horpital or institu	ution, give its NAV	St.,_ E instead of street ar	Ward
			yrs	
•		The second		
· ·				
St.,	Ward.			
li .			t give city or town	
		ERTIFICAT	E OF DEATH	
21. DATE	OF DEATH	,	10	
		(Month)	(Day)	, 193 (o
		(,	(50)	(1001)
22.	HEREB		Y, Thet I attend	ed deceased from
Jan	J_3	, 19.36, to		1936
I jast saw h_1			18 ,193	; death is said
to heve occurr	ed on the date state	ed ebove, et	.Hm.	
The PRINCIPA	AL CAUSE OF DEA	TH end related cau	ses of importance	
were as follow	15:			Date of onset
0	1			
FAI	100	neum		
200	ar p	neum	nia.	
	V			
Other Coutribe	ntery Causes of imp	ortance:		
	7AA	<b>A</b>		
Al	cohole	em.		
Name of opera	tion	-	Date of	
			Was there a	
			fill in also the follow	
Accident, suici	de, or homicide?		Dete of injury	, 19
Where did inju	iry occur?	(Specify city c	r town, county and	
Specify whether	er injury occurred i	In INDUSTRY, in H	OME, or in PUBLIC	PLACE.
Manner of inju	ıry			
Nature of iniu	ry	1.11.		
				no.
		way releted to occu	pation of deceased?	
If so, specify	- /.	111. 1	16-	
(Signed)	V	y al	June	M. D.
(A	ddress)	0.020	voro,	

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN		
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1. PLACE OF DEATH County Washington

STATE OF MARYLAND—CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Village or City Bridgeport - Near Hagerstown. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) \_yrs.\_\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds.

Langth of rasidence in city or town where daath occurred... William G. Moser 2. FULL NAME

If U. S. Weteran, specify WAR,

21. DATE OF DEATH

(a) Residence: No. Bridgeport- Hagerstown R. st.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

26

Date of onset

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of

Laura E. Moser

November 8, 1867 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day.\_\_\_\_hrs.

68 8. Trada, profession, or particular

or .... min.

OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9. Industry or business in which work was dona, as SILK MILL.

12. BIRTHPLACE (city or town).

SAW MILL, BANK, etc .... 19. Data daceased last worked at this occupation (month and

11. Total tima (yaars) spent in this occupation .....

Myersville

(Stata or country)

14. BIRTHPLACE (city or town) ... (Stata or country)

MOTHER 15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) . Myersvill (State or country)

17. INFORMANT Mrs. Laura E. (Addrass) Hagerstown.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass)

Registrar.

24. Was diseasa or injury in any way ralated to occupation of dacaased?

(Signed)

Manner of Injury

Name of operation.

Tha PRINCIPAL CAUSE OF DEATH and related causas of importance

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_

Where did injury occur?\_\_\_\_\_

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If so, spacify

(Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WRITE

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DEATH

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00948

1. PLACE OF DEATH	<u> </u>
County Washington	Registration Dist. No. 362
Village or City Haghistory	No. 3 10 M Multing St., 4 Ward death occurred in a hospital or institution, give its NAME this lead of street and number)
c / (I	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsemos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cecelia Mourgel	If U.S. Veteran specify WAR.
(a) Residence: No. 310 M Mulhy	St., 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jemel white Horris (write the word)	(Month) (Day) (Year)
HUSBAND of John S. Maryel	22. I HEREBY CERTIFY, That I attended deceased from December 20 19 35 to 1/4 19 36
6. DATE OF BIRTH (month, day, and year) Dic 22 1857	I last saw h was alive on 1/4 1936; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 - 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Luplu 211 2 12/20
SAWYER, BODKKEEPER, etc.	7. 3.1
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Mye cardit
work was done, as SILK MILL, SAW MILL, BANK, etc.	( acut)
- I this occupation (month and   Spant in this	
year) oc:upation oc:upation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Yuan Kancara	ranc ;
(State or country)	
13. NAME adam Kerffer  14. BIRTHPLACE (city or town) Near Manager	
14. BIRTHPLACE (city or town) Near Mansack	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Elizabeth Cassing	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) May Hancons	Accident, suicide, or homicide? Date of injury, I9
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT THE J. S. Maugal (Address) Raginathur Md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place hank town Clauch Date Jan 7, 1936	Nature of injury
19. UNDERTAKER Scott 7. Minnich Ison	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hogygotown md	If so, specify
20. FILED Jan 6, 19 36 10 least 13 were	(Signed) M. D.
Registrar.	(Address) Haffishawu Ma

If more blanks are needed, address State Registrar, 2431 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorinage	July 5,1927	Peritonitis	3 days ago
BANKS AUV. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

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U	U	J	4	9	9	

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should state OCCUPA-Jo PHYSICIANS Every Exact statement COLD. EXACTL PERMANEN classified. certificate. properly stated IS UNFADING INK-THIS be Jo pluods back so that it may See instructions on AGE supplied. in plain terms, mation should be carefully is very important. CAUSE OF DEATH -WRITE PLAI TION

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH Vashing Hageystown Length of residence in city or town where deeth occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow -5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Juseph 6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Deys II LESS than 1 day,\_\_\_\_ or .... min. 8. Trede, prolession, or particular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date decessed lest worked et this occupetion (month end year) 11. Total time (yeers)
spent in this
occupetion \_\_\_\_\_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

	Registration Dist. No.
	No.VVash Co Hospital st. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
105.	ds. How long In U. S. il of foreign birth?yrsmosds,
	om ex. If U. S. Veteran, specify WAR
7	
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH
70	Well 4 1936
133	(Month) (Dey) (Yeer)
	22. A I HEREBY CERTIFY, Thet I attended deceesed from
W	Acc, 30, 1935, 10 Jan. 4, 1936
_	1/12/200
s.	to have occurred on the dete stated above, at 1
Э.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as I ollows:
	Carelia Cheombosis
	Meni wedia
	00 : the the out of
	Cklone nightline and allon : whenown
'S	
	Other Contributory Causes of importance:
	0 0
	regulary
-	
	Name of operation
_	Whet test confirmed diegnosis? Was there en autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
	Where did injury occur? 20
	(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	
,	Menner of injury
۰	Nature of injury
	24. Was disease or Injury In eny wey related to occupation of deceased? LO
,	If so, specify
4	(Signed) / the M.D.
	(Address) Hoperatoura los

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	1	Example II		
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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	- (Pin)	
county Washington	Registration Dist. No. 30	2
Village or City Hagexstown.	No. 133 Summit Ave st., 2 death occurred in a hospital or institution, give its NAME instead of street and number	Ward
· · · · · · · · · · · · · · · · · · ·	ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAMED TS Sennie Broke K	Anels If U. S. Veteran, specify WAR	******
(a) Residence: No. 133 Summit Are (Usual place of abode)	St., Z-Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Vh. 10  Vi (101)	21. DATE OF DEATH CALLY 14 (Nonth) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	
(or) wire of William E.	Dec 12 , 10 30 , 10 1 - 14	1936
6. DATE OF BIRTH (month, day, and year)	I last saw b alive on 19 ; dea	ath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
18 4 T ormin.		te of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	4	24
9 Industry or husingse in which	I day in here much	155
work was done, es SILK MILL, SAW MILL, BANK, etc		
year) Den 3 ccupation 60415	Other Contributory Causes of Importance:	/
12. BIRTHPLACE (city or town) T Y Q Q L Y \ (State or country)	Kalminey Egene	136
E 7000	Name of accretion	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autop	
# 15, MAIDEN NAME SILS am Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:	331
15. MAIDEN NAME Susan Smith  16. BIRTHPLACE (city or town) Languster  (State or country)	Accident, suicide, or homicide?	19
(State or country)	Where did injury occur?	
17. INFORMANT MYS Suscul R. Mretzer (Address) Hagerstown mw)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Magerstown Wednesdawy 16, 1936	Nature of injury	
19 UNDERTAKER A.K. Coxxman	24. Was disease or injury in any wey related to occupation of deceased? 22	~
(Address) Hagers town und	If so, specify	
20. FILED / -14- 1936 Chusf Bacon	(Signed)	M. D.
Registrar.	(Address) - Julieton My	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example, I	1	Example II	L
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Arteriosclerosis	_ 1915	Attack of epilopsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FJAR 6 1936	4	1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUKEAU V.	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jo plnods OCCUPA

PHYSICIANS statement PERMANEN IS -THIS plnous INK UNFADING supplied.

MARGIN RESERVED FOR BINDING

certificate. properly Jo back may on that instructions 08 plain terms, See carefully important. in DEATH -WRITE PLAI plnous OF

.82 CAUSE

mation

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1. PLACE OF DEATH County Washington Registration Dist. No. Village or City Hagerstown NoWashing ton County Hospi 181,1 S
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_ yrs.\_\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ 2. FULL NAME Bettha May Reed (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fe male January Colored Single (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of CERTIFX 22. That I attended deceased from (or) WIFE of Unknown. 1886 6. DATE OF BIRTH (month, day, and year) 7. AGE Months **Oavs** If LESS than to have occurred on the date stated above, at 49 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or ..... min. were es follows: Date of onset 8. Trede, profession, or particular CUPATION kind of work done, es SPINNER, House Work SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc .... 1D. Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this occupation \_\_\_\_\_ Other Contributory Causes of importance Berkley County 12. BIRTHPLACE (city or town) Va. (State or country) FATHER Richard Reed 13. NAME Hancock, Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_ MOTHER Phenix Eliza. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Berklev County Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_ 16. BIRTHPLACE (city or town) Va. (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Guv Reed Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT ... (Address) Martinsburg, 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Martinsbur Jan. 9 19 36 Nature of injury. 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
THE PART OF THE	DA SAVE	T OTC	T OTCL III INC	DIVITINITI	10.4	THEFT	7 T.A

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

### STATE OF MARYLAND—CERTIFICATE OF DEATH

(1)	AT	152	
U	H.	100	

1. PLACE OF DEATH	(93-6)	
County Washington	Registration Dist. No. B	50)
Village or City Shapsburg	Np. St	Ward
Length of residence in city or town where death occurred 50 yrs.	If death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital or institution, give its NAME instead of street and second death occurred in a horpital occurre	d number) mosds.
2. FULL NAME Sallie & Reel	the discourse of the little beauty and	
(a) Residence: No. Sharpslung	St.,Ward.	
(Usual place of blode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town as	nd State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
Felonale White OR DAYORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettende	d deceased from
6. DATE OF BIRTH (month, day, and year) March 27-1863	Vast saw N elive on 19	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 0.55 P.m.	, ucatii 15 5aiu
72 10 14 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
9 Trade explanation or posticular	were es follows:	Date of onset
kind of work done, as SPINNER, Louse keepen	Porterio Selisación	9
9. Industry or business in which	Leone morewalk	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked et his recentation (month and	- Coremal Hemorrhage	114/21
1D. Date deceased last worked et this occupetion (month end year) occupetion occupetion		7.77.6
12. BIRTHPLACE (city or town) Shappabung (State or country)	Other Contributory Causes of importance:	
13. NAME David Reel		
13. NAME David Real  14. BIRTHPLACE (city or town) Shappshing	Name of operation Date of_	
(State of country)	What test confirmed diagnosis? Was there en	eu'opsy?
15. MAIDEN NAME anse Sanford	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) Sharpshula	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Tay Marker  (Address) Sharkshung Sud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, ERPHATION, OR REMOVAL Place Acyclic 1 Med Date 1-13 , 1936	Manner of Injury	
19. UNDERTAKER C. L. Suman & Co. (Address) Keedypuille Sul	24. Was disease or injury in any way related to occupation of deceased?	)võ
20. FILED 1/3 , 1936 Ed Boyce Registrar.	(Signed) Natur (1. Sheart) (Address) 5 harpsfrog M	A . M. D.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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The state of the s	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1	SC	PF	tact
	Ě	Y.	函
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
1	PE	E	rly
	IS A	state	prope
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	VK-T]	should	it may
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6	EY,	car	TH
_	LAIN	ld be	DEA
	P P	shou	OF
	-WRITI	mation	CAUSE

(Address)

N. B.-WRITE PLAIN

V. S. No. 1

AD. Every item of inforstatement of OCCUPA-

	STATE OF MARYLAND—O	CERTIFICATE OF DEATH 00953
	1. PLACE OF DEATH	
1	4. 100	(210-m) Registration Diet No. 382.
1	County Court of the County Cou	Registration Dist. No.
(	Village or City (If a glassom (If a	death opcurred in a horpital or stitution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Kenneth allen 17	enney.
	(a) Residence: No. Boouston 7nd	st., Ward.
	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	3. SEA 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word)	January - 25 193 6
	5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	- Cango	, 19, to, 19
ate.	6. DATE OF BIRTH (month, day, and year)	I last saw h; daath is seld
ifica	7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atn. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
certificate	/8 Trade profession or particular	were as follows:  Date of one of
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	South of authority
	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- LONG BOOK TO STATE OF THE STA
back	SAW MILL, BANK, etc.	
no	10. Date deceased last worked et this occupation (month and spention)	
instructions on	yaar) - 1-93 ( occupation - 1-93	Other Contributory Causes of Importanca:
acti	12. BIRTHPLACE (city or town)	
stri	The state of the s	
	E 2/	Pole of
See	(State or country)	Name of operation Date of Was there an autopsy?
it.	15. MAIDEN NAME ENLYS Since	23. If death was due to external causes (VIOL ENCE) fill in also the following:
tar	16. BIRTHPLACE (city or town) Boards (State or country)	Accident, suicide, or homicide? Date of injury, 19
important.	(State or country) Wrash, Co. Md.	Where did injury occur? /2 mile East of Boomston
	17, INFORMANT Richard Resules	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Boouston Md.	· · · · · · · · · · · · · · · · · · ·
is v	18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Doorastoro Cerutary Datofarmy. 28, 1936	Nature of injury
TION	19. UNDERTAKER OF BOOK TO THE	24. Was disease or injury in any way related to occupation of deceased?

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

swest

Registrar.

If so, specify

(Signed) Lad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own frome in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1680 1000	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# Every item of in

MARGIN RESERVED FOR BINDING

V. S. No. 1

CORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

County Washington  Village or City Mt Have Mills  Village or City Mt Have Mills  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town whera death occurred. 3. yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Mt How Particulars  (b) St., Ward.  (b) Ward.  (c) PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	1. PLACE OF DEATH	007:00
Village Dr City Mt Hone Mills Word Droad for din c. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred. 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: ND. Mt How Policy St., Ward.  (b) Ward.  (b) Ward.  (c) St., Ward.  (d) If nonresident give city or town and State	county Washington	Registration Dist. No. 30 7
Length of residence in city or town whera death occurred	Village or City Mt Hove Mills	mean Droad kinding st ward
(a) Residence: No. Mt. Hu we Mills. St., Ward.  [If nonresident give city or town and State]  [If nonresident give city or town and State]	Length of residence in city or town whera death occurred. 3yrsn	losds. How long in U.S. if of foreign birth?yrsmosds.
(Usual place of abode) If nonresident give city or town and State		If U. S. Veteran, specify WAR
	(a) Residence: No. Mt Howe Mills.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise the word)	21. DATE OF DEATH
Male While Single. (Month) (Day) (Year)	Male White Single.	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of  22.   HEREBY/CERTIFY, That I attanded decaased from	HUSBAND of	22. NEREBY/CERTIFY That I attended deceased from
(or) WIFE of 22. THE REBY CERTIFY, Instrument attanded decaased from 15, 1936, to 1936, to 1936	(or) WIFE or	The state of the s
6. DATE OF BIRTH (month, day, end year) \	6. DATE OF BIRTH (month, day, end year)	
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at		
7 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:		were as follows: Or DEATH and related causas of importance
8. Trada, profession, or particular kind of work dona, as SPINNER,	8. Trada, profession, or particular	Date of onset
SAWYER, BDOKKEEPER, etc.	SAWYER, BDOKKEEPER, etc. Jarmer	- monthia minimonia
Industry or business in which work was done, as SILK MILL, Rexive a	work was one as sitk MILL,	
10. Data deceasad last worked at   11. Total time (years)	10. Data deceased last worked at 11. Total time (years)	
year) Aur 1938 occupation SOUXS	this occupation (month and spent in this occupation 504 x	<u></u>
12. BIRTHPLACE (city or town) 13 road was in a Other Contributory Causes of importance:	72	Other Contributory Causes of importance:
(State or country) \( \text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	and an in the state of the stat	- Je K
E 13. NAME Rexer Resh.	# 13. NAME Rexer Resh.	
13. NAME Veren Resh.  14. BIRTHPLACE (city or town) 12 road xording Name of operation.  Date of.	E 14 BIRTHRI ACE (city or town) 73 TOG & Vov din C	Name of operation
(State or country) What test confirmed diagnosis? Was there an autopsy?	(State or country)	
15. MAIDEN NAME a rak Harrer 23. If death was due to external causas (VIOLENCE) fill in also the following:	E 15. MAIDEN NAME a rah Harrer	
15. MAIDEN NAME Or all Helyer  16. BIRTHPLACE (city or town) 13 roce of fracting  Accident, suicide, or homicide?  Date of injury 19	5 16. BIRTHPLACE (city or town) Broad knowing	
(Stata of County) Where did injury occur?	E (Stata or country)	Where did injury occur?
(Specify city or town, county and State)  17. INFORMANT YS Scalle Resh. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	17 INFORMANT Mrs Sallie Resh.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) m+ No pe m:1/5 led		
18. BURIAL CREMATION, OR REMOVALUE 24 Manner of injury	18. BURIAL, CREMATION, OR REMOVALUES 24	Manner of injury
Place INT 1 Color Date Color So., 193 ( Nature of injury	Place INT 100 Pr. June Date Court 30., 193 (	Nature of injury
19. UNDERTAKER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
20. FILED January 21, 1936 George It Brewbates (Signad) & f / 1/2/4 and M.D.	20. FILED January 2/1 1936 Iserge St. Brewbakes	(Signad) & Jan Janua M.D.
If more blanks are needed, address State Registrar, Parr N. Charles Street Baltimore Bayestan F. S. No.	1 12/21 - 1002	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephralis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1. PLACE OF DE	ATH /	F MAKI	AND-CE	MIFICALI	L OF DEF	7	
	County 1	anker	alou	/ 1		Registration	Diet Na O	4
	Village or City	fane	0016	(auto	ccurred in a horpital or i	nstitution, give its NAM	St.,	number)
	Length of residence in	n city or town where	leath occurred	yrsmos	_ds. How long in U.S	if of foreign birth?	yrsmc	0\$
	2. FULL NAME	BAS	tellogen	" Regress	ALU_S. Vele	ran, specify WAR		
	(a) Residence: Ng	Mue	(Sual place of a	Mas	Messarid.	If nonresident	give city or town and	State
	PERSONAL A	ND STATIST	CAL PARTICL	ILARS	MEDICAL	L CERTIFICATE	OF DEATH	
	m	LOR OF RACE	S. SINGLE, MARRIEI OR DIVORCED (2	write the word)	DATE OF DEAT	TH (Month)	12 (Day)	, 193 (Ye
	94. If married, widowed, or of HUSBAND of (or) WIFE of	divorced		22.	IHERE	BY CERTIF	Y, That I attended	decease
	(0),		10	2 /		,19, to	2/	,, 19
ate.	6. DATE OF BIRTH (month, 7. AGE Years	1	-12		saw harman alive or		, VOJ 6	); death
certificate	7. AGE Tears	Months		day,hrs. The	ve occurred on the dete	DEATH and related caus	es of Importence	- 1
cer	8. Trede, profession, o	r particular -	7 - 0	rmin. were	es follows:	0 1		Date
Jo	kind of work do SAWYER, BOOK	ne, as SPINNER.	cons		ollos h	40 Freu	- lu	
back	9. Industry or busines work was done, SAW MILL, BAN	s in which es SILK MILL,		1.1	10	11		
	SAW MILL, BAN 10. Date deceased lest this occupation		II. Total time	(vears)	ad Con	delisa	enece	or
s on	O this occupation (	month and	II. Total time spent in occupati	this on	0,1	2.5/4	hi PD	17
tion	12. BIRTHPLACE (city of to	2/-		She Ophie	Contribute Charles of	Importance.		
ruc	(Stete or country)	Juce	ocho!	11/1	mels	Maul	17201	1
instructions	13. NAME 10 12	st or	1600	15	0 7	A		
See	13. NAVE 12	r town)	DA	Sall Ram	e of operation	urse.	Date of	
	(State of countr	y) Mu	auto		Pest confirmed diegnosi		Was there an e	
ant	15. MAIDEN DATE	urgas	2/3/			al choice (VIDE BOEL)		3:
y important.	O 16. BIRTHPLACE (city o		uce	The state of the s	dent, suicide, or comicid	6? 3/ 4	pate of injury	1
	MA	31/1	PRI		e distribute of	Specify city of	town, county and State	e)
very	17. INFORMANO (Address)	1-110	and the	med !		10031111,11111	ome, or mirodelly rea	AUE.
. 1	18. BURIAL, CREMATION	R REMOVAL	ele Co.	Mafr	ner of injury			
Z	Place Labor	Is ford	mole /-	1-3-,19.36 Natu	re of injury			
TION is	19. UNDERTAKER	Firt 1	PRot	1 45 - 24. W	es disease or injury in	my way related to occur	pation of deceased?	/
	(Address)	auco	C/ 6 50	If so	, specify	1 8	// ,,	/
-	20. FILED/-/2	, w36, 10	9 Louis	1 mi	(Signed)	auxil	18ulle	cer
		000	1	Kegistrar.	(Address)	weekt	CAG We	1

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

S. No. 1

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PLACE OF DEATH	STA
County /testrugton	93-c CERT
WITHIN CORPORATE LIMITS OF	0 %
Village or City Hogustous No.421	Coola Sty
2 FULL NAME Gronze B. Rou	Azahem
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
3 SEX 4 COLOR OR RACE 5 LINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIF
March 3, 185	that I last saw here alive of
(Month) (Day) (Year 7 AGE	
77 yrs. 10 mos. 28 ds. or mi	ian
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Harrifleg
9 BIRTHPLACE (State or country)	Contributoronic My Secondary
11 BIRTHPLACE OF FATHER OF FATHER	(Samed) Alle Cl
Z (State or country)	*State the Discase Ca Violent Caus s, state (1) Accidental, Suicidal or Homicid
of MOTHER Marcula Chareylas	18 LENGTH OF RESIDENCE
13 BIRTHPLACE OF MOTHER	At place of deathyismoads
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) W.A.	Former or usual residence.
(Address) 425 Col All	19 PLACE OF BURIAL OR FIEM Bendersville
Filed /-3/- 1936 lokas # 130000	20 UNDERTAKER D

TE OF MARYLAND IFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospitul or institu-tion, give its NAME in-stead of street and number.)

TIFICATE OF DEATH

as follows:

Duration)

using or, in in deaths from and (2) whether Means of Injury

Hospitals, Institutions, Trans-

In the State..... yrs.....mes...

DATE OF BUR

If more blanks are needed, address State Registrar, 16 W. Sagatoga St., Balto., Requesting V. S. No. 1



# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is ncces-Civil engincer, the first line will be sufficient, e.g. Farmer or Planter, er," etc., without more record mine, etc. Wom-taborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persens Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Stationary fireman, etc. For persons who have no occupation Architect, Salesman. (b) Locomolive engineer, But in many Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-"uphoid fever (never report "Typhoid Pneumonia" .onar time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia

> use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "Exhaustion," "Heart failure," Liaemorringe, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Whooping cough; . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubcrculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," ctc. can be ascertained as the cause. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstillal nephritis, FOR VIOLENT DEATHS STATE MEANS OF INJURY " "Weakness," etc., when a definite disease by or intercurrent) Committee on Nomenclature of the Chronic Example: Measles (disease valvular heart diseasc, ctc. The affection need not be The nature of the injury, Always qualify all contributory

answered in detail, it will prevent further correspondence. A ! the data is essent al and must be obtained before the cartificate is If this certificate is looked over thoroughly and all questions

permanently filed.

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

MOKD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

ż

#### STATE OF MARYLAND—CERTIFICATE OF DEATH

13	0	0	por	+44
11	13	1.3	3.2	6
1	U	01	17	67

1. PLACE OF DEATH	
County Clashing ten	Registration Dist. No. 3.45
Village or City Boundons	No. St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Harryney Evers	Rowe
ma a le la co	St. Ward.
(Usual prace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	DOUL GMONTH) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie C. Rowe	22. HEREBY CERTIFY, That I attended deceased from
D 1 2 1961	i last saw h alive on
6. DATE OF BIRTH (month, day, and year) December 3. 1866 7. AGE Years Months Days if LESS than	to have occurred on the date steted ebove, etm,
(09 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Found Dead; in his calin, on
9. Industry or business in which work was done, as SILK MILL,	loock road from Boonatoro to maplealle & askington
10. Date deceased last worked at 11. Total time (years)	Cause unknown County motor
this occupation (month and year) formula 1915 spent in this 30 gas	Sulfa
12. BIRTHPLACE (city or town)	Other Contributary Canses of importance:  An investigation tax mode . Found no marks . or
(State or country) Wash. Co. md.	indications a that death was due to commetteral
13. NAME Samuel Rows	causes. Verdict: Death Lie to cause unknown.
14. BIRTHPLACE (city or town) C) and follows:	Neme of operation Date of
(Stete of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Today and Liggett  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Work. Co. Md.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / 100 c) adde C Town (Address) / 07-31-12327 Reclaim 3 C M. 1	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pleaseaut Walk Date assury - 1.0 1, 19.36	Nature of injury
19. UNDERTAKER (Dry ). But 45 or	24. Was disease or injury in any way related to occupation of deceased?
(Address) Beauline Md.	If so, specify of altonous
20. FILED Jaconny. 9., 1936 William 3. Bast Registrar.	(Signed) HAVVI Di Colomagne Colomagn

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
A SOUL	AT MYO		
	1 -41		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3	()	3
	J	95

1. PLACE OF DEATH	119
County Washington	Registration Dist. No. 305
Village or City Boundon	NoSt.,Ward
Length of residence in city or town where death occurred lyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. If of foreign birth?yrsmos,ds
2. FULL NAME Dara Lou 5	hifler
(a) Residence: No. Books (Usual place of abode)	Did St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha wo	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Don 1.2 7-193	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars   Months   Oeys   If LESS to	
/ ( 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	gastio-ententis, acute 1-12-36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year) occupation occupation	
2. BIRTHPLACE (city or town) Douston	Othar Caatributary Causes of importance:
(Stata or country) Task. Co. Md.	
14. BIRTHPLACE (city or town) Mapleville	Name of operation have Data of name
(State or country) Trash. Co. md.	What test confirmed diagnosis? Clusical Was there an autopsy? Ze
15. MAIDEN NAME Gella Kepler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dryusville (State or country)	Accidant, suicide, or homicide? Date of injury, 19
(State or country) Fred, Co. md.	Where did injury occur?
17. INFORMANT attle Slifler Md.	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date anny - 15, 19	Nature of injury.
19. UNDERTAKER DU Dask Son	24. Was diseasa or injury in any way ralated to occupation of deceased?
(nouiss)	(Signed) W.B. Waker M. M.
20. FILEO many = 13, 193 6 William ) Registr	last The state of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

SOLD. Every item of infor-PHYSICIANS should state

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

IS A PERMANENT

UNFADING INK-THIS

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00959

1. PLACE OF DEATH		(2) AA 2
County Washington	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Registration Dist. No. O.O.
Village or City Indian Spr		NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrs,n	nosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAMEAbraham_L	incoln Slavman	
(a) Residence: No. Indian Sp		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  January 22 (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Dorcas Slay	rman	22. I HEREBY CERTIFY. That I ettended deceased from 21, 1936, to Jan 21, 1936.
6. DATE OF BIRTH (month, day, end yeer) Ser	ot, 27, 1860	I law saw h down alive on Jan 21, 1936; death is said
7. AGE Years Months	Deys If LESS than	
75   3	26   ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		afino sellosia 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	DR-GOT-OF	Con Indiana da la 13 M
work wes done, es SILK MILL, SAW MILL, BANK, etc		- Carebral thrombosis In embolisms
O 10. Date deceased last worked at this occupation (month and	II. Total time (years) spent in this	Civer
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Fulton (State or country)		
13. NAME James Slayman		
13. NAME James Slayman  14. BIRTHPLACE (city or town)	t1and	Name of operation 2001 Oate of
(State of country)	Cland	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Unknown		23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town) Scotland  (State or country)		Accident, sulcide, or homicide?
17. INFORMANT Mrs. Dorcas . S. (Address) Todion Coming	V	Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Indian Spring	56, 550.	Manner of Injury
Place_StPauls-Cemeter	ryDate Jan, 19.3	6. Nature of injury
(Address) Clearspring	Md. Home	24. Wes disease or injury in any way related to occupation of deceased? 26.  If so, specify (Signed) 2004 OT, Shewer M. D.
20. FILED 44 2 4 , 19.36	Registrar	(Address) Clearstoning Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Arteriosclerosis FAD	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1928

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0960
1. PLACE OF DEATH	(100)	-
County Washmate	Registration Dist. No.	2
Village or City Hageralium	No. 7 6 & Mulhay St.,	3 Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and	
	ds. How long in U.S. if of foreign birth?m	osds.
2. FULL NAME Living Max Smith	If U.S. Veteran specify WAR	
(a) Residence: No. 3 ( S. Allucking (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Ismale white Wilow	(Month) (Day)	, 193 6
Sa. If married, widowed, or divorced HUSBAND of		(Year)
(or) WIFE of man a. Smuth	22.     HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Och -27-1873	I last saw has alive on 1936	_: death is said '
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2_0 5 Pm.	_; ueath is said
(2) 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Frade profession or particular	were as rollows:	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fotos hermana	Kks, 13
9. Industry or business in which work was done, as SILK MILL,	70	1935
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Carmie bysali	rdef.
this occupation (month and spant in this occupation	0	-
12, BIRTHPLACE (city or town) Bakusnille	Other Contributory Causes of importance:	
(State or country) Wash G, Mid	Charle Cardiac Delatthey	Jan 1st
II 13. NAME Martin & Millers		1936
13. NAME Martin & Millies 14. BIRTHPLACE (city or town) Near Keedysmillo	Name of operation Date of	
(State of country)	What test confirmed diegnosis? Was there an a	utopsy
15. MAIDEN NAME alanda Faklo  16. BIRTHPLACE (city or town) Nan Bakurully	23. If death was due to external causes (VIOLENCE) fill in also the following	:
5 16. BIRTHPLACE (city or town) Man Bakusully	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and Stat	
17. INFORMANT May IN IN Miller	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Hagestown Md		
Place Journ Grane My Date Jan 4 1936	Manner of injury	
1 H 4 11: 018.	Nature of injury	6,
19. UNDERTAKER CONT. T. Manual asm	24. Wes disease or injury In any way related to occupation of deceased?	`
by lather some	If so, specify (Signed) (Signed)	M.D
20. FILED	(Address) thousand town led	м. D.
	241 N. Charles Street, Baltimore Requesting U. S. No. 1.	

De B Drially

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	
A			

00961

1. PLACE OF DEATH	- Man
county Washington	Registration Dist. No. 302
WITH COMPERATE LIANTS OF	141 0 0 11 - 1
Village or City Hage VS to un.	NDY Q St. O TO Sy' 1 Col. st., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. II of loreign birth?ds.
2. FULL NAME Lewis Edgar Smi	If U. S. Veteran, specify WAR
(a) Residence: No. YM as on - Will on ma	L. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Slauche A.	Dec 20 ,1935, to Jan 21 ,1926
T. D. 2 - 1874	I last saw h Lace aliva on 20 1936 death is said
6. DATE OF BIRTH (month, day, and year) ) 2 2 - 18 17 7. AGE Years Months Pays If LESS than	to have occurred on the data stated above, at 12 3 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
0 0 0 ormin.	ware as follows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, County Vertural SAWYER, BDOKKEPER, etc.	Cerebral fremontage 12/10/36
kind of work done, as SPINNER, County Perfutute  kind of work done, as SPINNER, County Perfutute  SAMYER, BDOKKEEPER, etc.  SILM WELL  SILM MILL.  Ounty Perfutute  A County Perfutute  The same services of the same servi	Urmany Cellertury 2/20/30
work was done, as SILK MILL, Selved School	mostalye try perhapsy
Date deceased last worked et 11. Total time (years)	J
this occupation (month and year) June 1927. spent in this occupation 4 04 75	
12 PIRTURI ACT (city or town) HILLI (H) C	Dither Contember or Causes of Importance: Custolers 1/20/36
(Stata or country)	1 120/56
# 13. NAME James A Serit	
14. BIRTHPLACE (city or town) Huyetts.	Name of operation 2 one Data of
14. BIRTHPLACE (city or town)	00 6.7
# 15. MAIDEN NAME Elisabith Davis	
E	23. If death was due to external causes (VIOLENCE) fill In also tha following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
m. Black nc +1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IIIY Juice Houle	Spacily whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Processors to in Tuesde 24 2	
Place Drown fram led Date Jamy 23, 1936	Manner of injury
	Nature of injury
19. UNDERTAKER 1 11, COXXIII al	24. Was disaasa or injury in any way ralated to occupation of daceased?
(Address) Haginston, Tod	If so, specify Delta & Const
20. FILED /- 22-, 1936 May 170 occes	(Signad)
Registrar.	(Address) ftegers town, I my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

mation should be carefully supplied.

TION is very important.

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11.—The number of years the deceased followed the occupation.

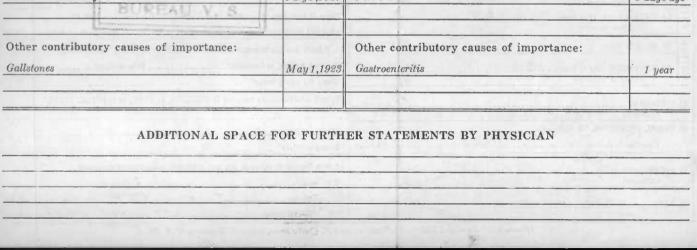
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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensy 1 week ago Chronic interstitial nephritis LD Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00962
County Washington.	(90) 35-7
WITHER CADMINETTE LIMITS OF	Registration Dist. No.
Village or City # Coffee tour.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
011. C 8 A	
2. FULL NAME CAPIEL: E. Dinolhers.	6
(a) Residence: No. / S , Williams Qu (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
funde. Colorid. Lingel.	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
1-211-1GA7	Jun 20 ,19 36, to Jun . 6 ,19 36
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw harmalive on 19 16; death is said
7. AGE Years Months Days If LESS than 1 dev	to have occurred on the date stated above, at
20. 0. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
STrade, profession, or particular kind of work done, as SPINNER, Cooff. SAWYER, BOOKKEEPER, etc.	A O
SAWYER, BOOKKEEPER, etc.	myo caractero; acutela 1) se
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Duration: One week, CuteR
10. Date deceased last worked al 11. Total time (years)	40
this occupation (month and spent in this occupation	76
12. BIRTHPLACE (city or town) Bunkaltasiel mas. (State or country)	Other Coutributory Causes of Importance:
1.1.00.	exposure to cold; or
13. NAME William, Smothers.	actual greeging, is meant.
14. BIRTHPLACE (city or town) Your Cetter (City or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hatte Brown.	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wlawnton . m. N.	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Hattie, Smothers Butter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 138. Williams due.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 7 1/2 Classification / - 7 - , 1936	Nature of injury
19. UNDERTAKER JUM. m. Callstulelf.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jaganstown mc	If so, specify
20, FILED 1-8, 1936 6 00 of 13 owers	(Signed) . 19. Wilson M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 500 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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OCCUPAitem of pluods S Every statement PHYSICIAN CORD. Exact PERMANENT classified. E certificate. properly S Jo back may plnous INK. on AGE that See instructions UNFADING 08 supplied. plain carefully important. In DEATH should be very OF WRITE 02 CAUSE mation

1. PLACE OF DEATH Langth of residence in city or town where deeth occurred. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day.\_\_\_hrs. or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_\_ CUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total tima (yaars) 10. Date daceesed last worked at this occupation (month eng spant in this 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country 17. INFORMANT (Addrass) 18. BURIAL CREMATION, OR REMOVAL Oate NOLL 19. UNDERTAKER (Address) Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. C That I attended daceased from have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Name of operation. What tast confirmed diagnosis?\_ Was there en autopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? ..... Date of injury ..... Where did injury occur?\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, it very, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

principal cause of death and related causes nportance were as follows:  ck of epilepsy  over by street car  contits	Date of onset  1 week ago 1 week ago 3 days ago
over by street car	1 week ago
lonitis	3 days ago
	o augs ago
er contributory causes of importance:	
roenteritis	1 year
	r contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

County Washington.  Village or City Leitersburg.  No. Length of residence in city or town where death occurred. S. ys mon ds. How long in U.S. Ir of foreign birth yrs mos ds.  2. FULL NAME Grace Marion Stoneham  (a) Residence: No. Leitersburg.  (i) Leitersburg.  (i) Length of residence in city or town where death occurred. S. ys mon ds. How long in U.S. Ir of foreign birth yrs mos ds.  2. FULL NAME Grace Marion Stoneham  (a) Residence: No. Leitersburg.  (i) Leitersburg.  (ii) Length of residence in city or town and Stoneham  (iii) Stone or County Market Market Market Ward.  If nonrisident give city or town and Stone  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE SINGLE MARKEED WHOWED. OR PRIVIDENCE County Market	1. PLACE OF DEATH			210 m
Village or City Leitersburg.  Length of residence in city or town where death occurred . G. yrs. 4 mss	County Washingt	on.		Registration Dist. No. 353
2. FULL NAME Grace Marion Stoneham  (a) Residence: No. Leitersburg.  (b) Residence: No. Leitersburg.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Female White Share of the Williams of the Marketon Will			(II	No. St., Ward death occurred in a hospital or institution, give its NAME, instead of street and number.
(a) Residence: No. Leitersburg.  Chusulpiece abdob  PERSONAL AND STATISTICAL PARTICULARS  3. SEX				
3. SEX Female 4. COLOR OR RACE White S. SINCE, MARRIED, WIDOWED, ORDWORKED Convict the word)  Female White Seath of Color of Work of the word)  Sa. If merried, widowed, or divorced will standard will seat the word of the date stated above, at 12 standard decases from 19. to 19. in	(a) Residence: No. Leit			St., Ward.
Female White OBANORCED (write the word)  5a. If married, widowed, or divorced HISARA (Month) (Day) (Year)  5b. Let every billed of the said of the procession of particular wind of work done as SPINNER.  5c. DATE OF BIRTH (month, day, and year) Oct 21, 1929.  5c. DATE OF BIRTH (month) Oct 21, 1929.  5c. DATE OF BIRTH (month)	PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	1. COLOR OR RACE	S. SINGLE, MARRI OR DIVORCED	(write the word)	Jan 14 , 1936
6. DATE OF BIRTH (month, day, and year) Oct 21, 1929.  7. AGE  Years  Months  12  11 ItES than 1 day hrs. of min. 15 0 of min. 16  S. Trade, profession, or particular kind of work done as SPI NKER, School.  SAWER, BONKEFER, etc.  School.  S. Malle, BANK, etc.  10. Die decessed last worke at this occupation (month and year)  Year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Norman  Norman  Stoneham.  14. BIRTHPLACE (city or town)  (State or country)  The plands.  Mame of operation.  What test confirmed diagnosis?  Was there en aulopsy?	HUSBAND of			22. I HEREBY CERTIFY, Thet I attended deceased from
The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related ceuse	6. DATE OF BIRTH (month, day, and year)	t 21, 19	929.	I lest saw h elive on 19 ; deeth is said
S.   Frade, protession, or particular   Kind of work done, es SPINRER, SCHOOL	TOTAL MARKET		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
12. BIRTHPLACE (city or town)   Hagerstown	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	School		Date of onset
12. BIRTHPLACE (city or town)   Hagerstown   Other Coutributery Causes of importance:	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			
12. BIRTHPLACE (city or town)   13. NAME   Norman   Stoneham.		spent	in this	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  Annetta Williams  16. BIRTHPLACE (city or town) (Stete or country)  The pland  Norman Stoneham  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Date  Date of What test confirmed diagnosis?  Was there en aulopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, swielde, or homicide?  Where did injury occur?  Norman Stoneham  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Dionaling a street in Destending that Nature of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER Fred W. Kraiss  (Address)  Fred W. Kraiss  (Address)  19. UNDERTAKER (Address)  Fred W. Kraiss  (Signed)  Solubated  (Signed)  Solubated  (Signed)  Solubated  (Signed)  Solubated  (Signed)  Solubated  Solubated  Manner of injury in any way related to occupation of deceased?  (Signed)  Solubated  Manner of injury in any way related to occupation of deceased?  (Signed)  Solubated  Manner of injury in any way related to occupation of deceased?  Solubated  Manner of injury in any way related to occupation of deceased?  Solubated  Manner of injury  Solubated  S	12. DIKTHPLACE (City of town)	gerstown	1.	Other Coutributory Causes of importence:
What test confirmed diagnosis?  Was there en aulopsy?  15. MAIDEN NAME Annetta Williams.  16. BIRTHPLACE (city or town) England.  (Stete or country) England.  What test confirmed diagnosis?  Was there en aulopsy?  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, swielde, or homicide?  Where did injury occur? Deltanbung, Mashingtonko. Old.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Diossing a street in Deltanbung Old.  Manner of injury Deltanbung and street in Nature of injury Deltanbung or injury Nature of injury Deltanbung and street in Nature of injury Necklebour and state gashed  19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown, (Address) (Signed) C. Edward Coccupation of deceased?  (Signed) C. Edward Coccupation of deceased?  (Signed) C. Edward Coccupation of deceased?  (Signed) C. Edward Coccupation of Masser.  Masser.  (Signed) C. Edward Coccupation of Masser.  (Signed) C. Edward Coccupation of Masser.  Masser.  (Signed) C. Edward Coccupation of Masser.  Masser.  (Signed) C. Edward Coccupation of Masser.  (Specify city or town, country find the following:  (Specify city or town, country find the follo	13. NAME Norman Ston	eham.		
15. MAIDEN NAME Annetta Williams.  16. BIRTHPLACE (city or town) England.  (Stete or country) England.  17. INFORMANT Norman Stoneham.  (Address) Leitersburg.  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown  Date Jan 16  19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown;  (Signed) C. Glovard Coccupation of deceased?  Menner of injury Coccupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  Menner of injury in any way related to occupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  Menner of injury in any way related to occupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  Menner of injury in any way related to occupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  Menner of injury in any way related to occupation of deceased?  (Signed) C. Glovard Coccupation of deceased?  Menner of injury in any way related to occupation of deceased?  (Signed) C. Glovard Coccupation of deceased?	14. BIRTHPLACE (city or town) Eng	land.		
Where did injury occur? Locatesburg, Washington bo. Olds.  17. INFORMANT. Norman Stoneham.  (Address) Leitersburg.  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Date Jan 16  19. UNDERTAKER. Fred W. Kraiss.  (Address) Hagerstown;  (Specify aff or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability of the analysis of the Nature of injury Wesh broken and side gashed  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) C. Edward County  Machington bo. Oldd.  Specify aff or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability of the Nature of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability of the Nature of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Declarability occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street in Understance of Industry occurred in	15. MAIDEN NAME Annetta	Williams		
17. INFORMANT Norman Stoneham.  17. INFORMANT Norman Stoneham.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street wire bestern burg or bod.  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Date Jan 16 19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown,  (Address) Hagerstown,  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street wire bestern burg or bod.  Nature of injury Wesh broken and side gashed  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) C. Edward County and State)  (Signed) C. Edward County and State)  (Signed) C. Edward County and State)  Medical County and State or in Public Place  Address or injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Consuming a street wire bestern burg or bod.  Nature of injury of injury in any way related to occupation of deceased?  If so, specify  (Signed) C. Edward County and State)		and.		Accident, swielde, or homicida? Roilled Date of injury Jaw. 14, 1936. Where did injury occur? Deltersburg, Washington Bo. Mad.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Date Jan 16  19. UNDERTAKER Fred W. Kraiss.  (Address) Hagerstown  (Signed) L. Edward Cocupation of deceased?  (Signed) L. Edward Cocupation of deceased?  (Signed) L. Edward Cocupation of Medical Cocupation of Med	I/. INFORMANT		•	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, If so, specify (Signed) Colorard Cocard, of M. S. (Signed) Colorard Cocard, of M. S.	18, BURIAL, CREMATION, OR REMOVAL		L6 , <sub>19</sub> 36	Manner of injury Wait by a Motor Outla
20 FILED / 15-1036 6 May 17 Breeze (Signed) 6. Edward Obeard, January	19. UNUERIANER			
	1-15-36	hospy	Registrar.	(Signed) O · Odward O Ocard, M.B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	- 1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EEB 8 1936	July 5,1927	Peritonitis	3 days ago
	SUPEAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	100
Gallstones		May 1,1923	Gastroenteritis .	1 year

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r	DDITIONAL SI F	CE FOR FOR	HER STATEME.	NIS DI PHISICI.	AIN

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of importance
1933
is. 1978.
Date of
Was there an autopsy?
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ite of injury, 19
wn, county and State)
E, or in PUBLIC PLACE.
9
ion of deceased? No.
7

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S. No.	B.	(2)
>	Z	

spent in this occupation  Tablewill	Other Centributery Causes of importance:
athan Shoop	
asker Co. Md.	Name of operation
Boorstono Tash Co. Md.  Leo Shoop  apliville Md.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
enutagose January . 52, 1936	Manner of injury Nature of injury
Out & Sou Ousland Md. Chilliam 7. Bust Registrar.	24. Was disease or injury in any way related to occupation of deceased? No.  If so, specify  (Signed)  (Address)  M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
	Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
county Washington	Registration Dist. No. 30 2
Village or City Co Ci Cy Stown	No. 124 n. Cannon-Avs. st. 4 Ward
2 (11)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME LLIS Many Claure Straw	wshung If U, S. Veteran, specify WAR
(a) Residence: No. 1247 January Pro-	St., V.Z. Ward.
(Uival place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 2. 193 le
5e. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of	22.   HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Samuel	100 g (100 to for 2 196
6. DATE OF BIRTH (month, day, end yeer)	1 lest saw h 2 elive on 19 death is seld
7. AGE Yeers Months Deys If LESS than I day,hrs.	to heve occurred on the date stated above, at
68 6 25 ormin.	were es lollows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, ACCEPTED BY SAWYER, BDOKKEFPER, etc.	artsupoliste Hypetersive Heart
9 Industry or business in which work was done, as SILK MILL.	Diselle
SAW MILL, BANK, etc	Chrone Myscordins
O lo. Date deceased last worked et spent in this occupation (month and 135 occupation) (month and 135 occupation)	
Ilania Barlos	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Posnicho meumoua (Suinal)
13. NAME UNKNOWN	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town) Unknown & www.	Neme of operation Date of
(Stete or country)	Whet test confirmed diegnosis? Wes there en eutopsy?
E IS. MAIDEN NAME R. 2 2 is Whiteleather	23. Il deeth wes due to externel ceuses (VIDLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Quest muster	Accident, suicide, or homicide? Dete of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT MY Louis S. Brouge.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
(Address) Hall & Stown, Will, 18. BURIAL, CREMATION, OR REMOVAL,	M
Place Urian Britzellybete Duy 4, 1936	Nature of injury
n 15 Pulling	24. Wes disease or injury by any way related to occupation of deceased?
19. UNDERTAKER H. S. C.	If so, specify
1 2. 21 /2/14/1/2	(Signed) Hulep & Ochus M.
20. FILED	1/1/0/4/2

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr. Hirshuan

V. S. No. 1 N. B.—

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 0 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Causiones	May 1,1925	Gastroenterius	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH,	93-6
County Wash unstan	Registration Dist. No. 316
Village or City Kaedylsrills	No. St., War
0.7	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME my Katharue m Se	uce our
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrale White Marke Market word)	, 193 <b>6</b>
. If marriad, widowed or diverced	Jan
HUSBAND OF (or) WIFE OF Selarence of Services	22.   HEREBY CERTIFY, That I ettended deceased fi
DATE OF BIRTH (month, day, and year) 300 7 = 1869	I last saw h & alive on
AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2:30 7m.
67 - 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Cefop leggy 1-15
kind of work done, as SPINNER Jourse Wife	
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacaased last worked at his occupation (month and	
10. Data dacaased last worked at this occupation (month end yaar) 11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town) sundeau Sprange	Other Contributory Causes of Importance:
(State or country) marflout	Chronia Myocardelia
14. BIRTHPLACE (city or town) Les dean Shrong	Ocule Pulcelonary Otherea
14. BIRTHPLACE (city or town) Les deau spreus	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an eu'opsy?
15. MAIDEN NAME Out fabelle Haustins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Saguestos	Accident, suicide, or homicide? Date of injury, 19
(State or country) Policie	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT & Decrease (Address) Reedy & relle med	Specify whether injury occurrad in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
B. BURIAL, GREMATION, OR REMOVAL	Mannar of injury
Place Shalps very Date au 18 , 1936	Nature of injury
9. UNDERTAKER At least one on a	24. Was disease or injury in any way related to occupation of deceased? ho
on FILEDJan 18, 1936 BA Tecting	(Signed) (Signed)
Registra.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (AD)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N

PHYSICIANS should state COND. Every item of infor-

stated EXACTLY.

properly classified.

be

AGE should be

supplied.

mation should be carefully

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1968
1. PLACE OF DEATH	1248)	
46.0 7	2 4	2
County M asking the	Registration Dist. No.	
Village or City Adjections	No. 205 M. Potomac St., 3death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where deeth occurred & Yyrs. & mos		
010611	7	
2. FULL NAME Coharles Edward	uller If U. S. Veteran, specify WAR.	
(a) Residence: No. 305 M. Fotowac (Usual place of abode)	St., S Ward.  If nonresident give city or town and Si	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED,	21. DATE OF DEATH	
OR DIVORCEO (write the word)	/ 3/	193 6
mall while single	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of	22, I HEREBY CERTIFY. Thet I allended de	account from
(or) WIFE of	1934 to 1/3/	19 6
124 G 1840	12/ 2/	death is said
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date steted above, et 800 A.m.	Qeath is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
00 0 1 2 0 ormin,	was an follows:	Date of onset
Rade, profession, or particular kind of work done, as SPINNER, Z	Desmue 11 granus	2400 290
kind of work done, as SPINNER, Turneral Alisette SAWYER, BOOKKEPER, etc  9 Industry or business in which work was done, as SILK MILL.	Hypertenting + Wens Scleme	3 44 49
SAW MILL BANK ata	Myocardus	6 Min
O 10. Date deceased last worked at 11. Total time (years)		
this occupation (month end spent In this occupation		
11	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town)	Carrhonia of tires	6 aus ago
13. NAME Charles m Suter		
	Neme of operationOate of	
(State or country) md	What test confirmed diagnosis? Xellund Was there en aut	topsy?
15. MAIDEN NAME Laura Witzenback	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
6 16. BIRTHPLACE (city or town) Hageistone	Accident, suicide, or homicide? Oate of injury	19
E (State or country)	Where did injury occur?	
Frank & S. to.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	) CF
17. INFORMANT The Control of the Con	The state of the s	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hayerstown Oate 73 , 1936	Nature of injury	
8, # 7 mi . 0.0		1
19. UNDERTAKER ACOU T- Munich Hoom	24. Was disease or injury in any wey related to occupation of deceased?	~

(Address)

Registrar.

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Example I		Example II		
The principal cause of de of importance were as fol		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1 D G 1994	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	I China	1921	Run over by street car	1 week ago
Cerebral hemorrhage	W 1 1	July5, 1927	Peritonitis	3 days ago
	1			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	-----------	---------	------------	----	----------

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state JRD. Every item of infor-

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—CERTIFICATE OF DI	EATH
-------------------------------------	------

STATE OF MARYLAND—	CERTIFICATE OF DEATH	020
1. PLACE OF DEATH	942	500
County Washington	Registration Dist. No. 307	
Village or City Parouselle	NoSt.,	Ward
211	death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Silas Prastler		
	d.St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay)	(Year)
HUSBANO of Ornice Cerastles	22. I HEREBY CERTIFY, That I attended dece-	ased from
6. DATE OF BIRTH (month, day, end year) December 27-1856	Ylast saw h	ath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
/4 0 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, Raticed Farmers SAWYER, BOOKKEPER, etc.	7	10/31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  O Data deceased last worked et this occupation (month and	Moderate and works	1.0100
SAW MILL, BANK, etc. HILL, Hurn Tarry		
O Data deceased last worked at this occupation (month and year)		
- II	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Co. Co.	ale let a	1/1/34
# 13. NAME Steam Crastles	and the second second	1-49-
13. NAME Henry Chastles 14. BIRTHPLACE (city or town) Myllaville	Name of operation Date of	
(State or country) Fred. C. Md.	What test confirmed diagnosls? Was there an eutop	sy?
15. MAIDEN NAME Sarah Dusing 16. BIRTHPLACE (city or town) Mugusville	23. If death was due to external causes (VIOLENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) Muguswille	Accident, suicide, or homicide? Date of Injury	, 19
Stete or country) Fred. Co. Tud.	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT 17.3. Alonge Jennys (Address) Browns Wille Wind.	Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.	******
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Durketts to Coate Strong - 8 -, 193 6	Nature of injury	
19. UNDERTAKER W. J. Dog You	24. Was disease or injury in any way related to occupation of deceased?	Q
(Address) Boouston md.	If so, specify	
20, FILEO Jan 7 , 1936 Cornelius It Catte Registrar.	(Address) Spare work. Mr.	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Cerebral hemorrhage FR	July 5,1927	Peritonitis	3 days ago	
10.00				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE

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state infor-

Jo plnods OCCUPA

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAUEY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of onset

-----grs.\_\_\_\_\_ds.

That I attended deceased from

...... Was there an autopsy?\_\_\_\_\_

\_ Date of injury\_\_\_\_\_\_19\_\_\_\_

state	51	ATE OF MAR	YLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEAT			190
or of occ	County Washi			Registration Dist. No. 302
of shape	Village or City 7 Ha	rers town	GIA	No. Washing ton County Home St., 5  f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS tement				ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME	James B. Your		If U. S. Veteran, specify WAR
AD. YSI stat	(a) Residence: No	Washington Con (Usual place	inty Home	St., Ward.  If nonresident give city or town and State
E PH	PERSONAL AND	STATISTICAL PARTI		MEDICAL CERTIFICATE OF DEATH
L Y.	3. SEX 4. COLOR Whi		RIED, WIDOWED. D (write the word) Ned	21. DATE OF DEATH  January 29, 193 (Month) (Day) (Ye
BINDING EXACT) y classified te.	5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	rtha M. Young		22.   HEREBY CERTIFY That I attended decease
SIN EX EX	6. DATE OF BIRTH (month, day,	and year) July 26,	1850	Hast saw h. com alive on Sacred [28] 1936 death
	7. AGE Years	Months Days	If LESS than	to have occurred on the date stated above, et 7:00A m.
FOR IS A I stated proper ertifica	85	5 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
KTHIS hould be may be back of	9 Industry or business in work was done, as SIL SAW MILL, BANK, etc	SPINNER, Retired R, etc. Retired which K MILL, Restauran		Venility Dated
Z	12. BIRTHPLACE (city or town)	h and spe	ime (years) nt in this upation	Other Contributory Causes of importance:
ARGIN UNFADI pplied. terms, so instruct	(State or country)	Pa .		
MARG' H UNFA y supplied ain terms, See instr	14. BIRTHPLACE (city or town	e W. Young n Welsh Hun		Name of operation
L Selection	(State or country)	Pa.		What test confirmed diagnosis? Was there an autopsy?
5 ·- B	15. MAIDEN NAME Call  16. BIRTHPLACE (city or town  (State or country)	therine  Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
APDA	17. INFORMANT James	L. Young		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
TE SIE	18. BURIAL, CREMATION, OR REM		Manner of injury	
S. No. 1  B.—WRIT  mation  CAUSI  TION	19. UNDERTAKER Fred (Address) Hager	W. Kraiss, stewn, Vd.		24. Was disease or injury in any way related to occupation of deceased?  If so, specify
S Z	20. FILED /-30 - 19	366May 10	ower	(Signed) Medicano free

Registrar. (Address) ..... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUXEAU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Company of the second second			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN